

FISCAL YEAR	
<input type="checkbox"/>	As of March 31
<input type="checkbox"/>	As of June 30
<input type="checkbox"/>	As of September 30
<input type="checkbox"/>	As of December 31

BRANCH FUND REPORT

6F5B7<':I B8`':

AUTHORIZED BALANCE: _____

DEPARTMENT NAME/MC: _____

LOCATION OF FUNDS _____

TELEPHONE _____

Denominations	Quantity*	Dollar Value
Coins		
Ones (1's)		
Fives (5's)		
Tens (10's)		
Twenties (20's)		
Fifties (50's)		
Receipts on Hand		

*Please only enter the quantity of the denominations in the fields

HCH5 @ _____

8]gWYdUbWrfjZUbntL _____

By signing this report you have physically counted the balance above.

Signature (Promissory Note Signer)

Petty Cash Branch Fund Custodian

Explain any discrepancy between this total and the Authorized Balance. Any overage must be returned to the Bursar's Office with this report. Any shortage over \$10 attach a police report.

I have examined this report and any attachments hereto and certify that it is correct. I have examined the use of this Branch Petty Cash fund during the past calendar quarter and certify that its use has been in accord with the Health Center's Branch Fund procedures except as indicated on an attachment hereto.

Further (check one)

- ☐ The full authorized balance is still needed.
- ☐ The amount of \$ _____ is in excess of our needs and will be returned!

Have there been any changes (location, custodian, etc ...) YES ☐ No ☐

If yes, please explain below and also complete [BranchFundUpdateForm](#) by clicking on the link.
