

# VERIFICATION OF IMPREST CASH

AGENCY \_\_\_\_\_

LOCATION \_\_\_\_\_

CASHIER \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_

A - IMPREST CASH ADVANCED - Total advanced

\$ \_\_\_\_\_

B - ANALYSIS OF CASH ADVANCED

1 Cash on hand

\$ \_\_\_\_\_

2 Uncashed Imprest Fund checks

CHECK NUMBER	AMOUNT	CHECK NUMBER	AMOUNT
TOTAL			\$ _____

3. Cash receipts on hand, including advances to employee *(List on reverse if necessary)*

CHECK NUMBER	PAYEE	AMOUNT
TOTAL		\$ _____

4 Reimbursement vouchers in transit

CHECK NUMBER	INCLUSIVE PERIOD	AMOUNT
TOTAL		\$ _____

5 Other *(Itemize)*

TOTAL

\$ \_\_\_\_\_

6. Total *(Items B - 1 through B - 5)*

\$ \_\_\_\_\_

7 Difference between Items A and B - 6 *(See paragraph 0509 Treasury Cashier's Manual)*

\$ \_\_\_\_\_

REMARKS \_\_\_\_\_

DATE	NAME OF VERIFIER OR AUDITOR	SIGNATURE OF VERIFIER OR AUDITOR
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ADDRESS AND TELEPHONE NUMBER OF VERIFIER OR AUDITOR \_\_\_\_\_