

## IMPREST FUND CASH COUNT

CASHIER'S NAME	TELEPHONE NUMBER	DATE
LOCATION		OFFICE SYMBOL

	DENOMINATIONS	NUMBER	AMOUNT
<b>B I L L S</b>	ONE HUNDRED		\$
	FIFTIES		
	TWENTIES		
	TENS		
	FIVES		
	ONES		
<b>C O I N S</b>	FIFTY CENTS		
	TWENTY-FIVE CENTS		
	TEN CENTS		
	FIVE CENTS		
	ONE CENT		

TOTAL CASH ON HAND	\$
UNCASHED TREASURY CHECKS	
UNVOUCHERED RECEIPTS (Subvouchers)	
INTERIM RECEIPTS (SF 1165) ON HAND	
REIMBURSEMENT CHECKS DUE FROM TREASURY	
TOTAL ACCOUNTED FOR	\$
TOTAL IMPREST FUND ADVANCED	\$

SECURITY PRECAUTIONS  
 LOCKED CASHBOX   
 COMBINATION LOCKBOX   
 KEY LOCKING CABINET   
 COMBINATION LOCK CABINET

ARE THERE ANY INTERIM RECEIPTS MORE THAN FIVE WORKING DAYS OLD? (Explain)

COMMENTS

CASH COUNT PERFORMED BY:		THE CASH AND DOCUMENTS LISTED ABOVE WERE COUNTED IN MY PRESENCE AND RETURNED.  _____ (Cashier's Signature)
SIGNATURE	OFFICE SYMBOL	

**TO BE COMPLETED BY FINANCIAL DIRECTOR OR DESIGNEE**

During the 12 months preceding this cash count, this Imprest Fund received reimbursements totaling \$ \_\_\_\_\_. The monthly turnover was \$ \_\_\_\_\_.  
 The turnover average should be consistent with Chapter 2, paragraph 31 of the handbook.