



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	

EXHIBIT E

BRANCH FUND REPORT

BRANCH FUND #: _____

DEPARTMENT NAME/MC: _____

FOAPAL INFORMATION:

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LOCATION OF FUNDS _____

TELEPHONE _____

Authorized Balance	_____
Actual Currency on Hand	_____
Coin on Hand	_____
Receipts for Expenditures on Hand	_____
Replenishments in Process	_____
Cash Equivalents (Gift Cards)	_____
TOTAL	_____
Discrepancy (if any)	_____ *

* 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

Signature (Promissory Note Signer)

Petty Cash Branch Fund Custodian

Have there been any changes (location, custodian, etc.)?
If yes, please explain

Yes No

