



Accounts Payable; MSN 3C1;  
Tel: 3-2580; Fax: 3-2589

### Petty Cash Receipt of Funds and Certification of Responsibility

Name of Department: \_\_\_\_\_

Custodian: \_\_\_\_\_

Supervisor: \_\_\_\_\_

Total Authorized Amount of Petty Cash Fund: \_\_\_\_\_

Type of Fund (check one):  Expenditure  Change

I accept responsibility for the petty cash funds issued to me as custodian. I have read the Petty Cash Policies and Procedures and agree to use these funds in accordance with Commonwealth of Virginia and George Mason University rules and regulations. I understand that failure to close out a petty cash fund within 30 days of the date the fund is scheduled to be returned will result in an immediate deduction of the outstanding amount from my paycheck. Should there be any shortage or disappearance of these funds, I understand that I must contact University Police and the Petty Cash Officer immediately.

\_\_\_\_\_  
Signature of Custodian

\_\_\_\_\_  
Date

**For Use by Petty Cash Office Only**

Previous amount of fund: \_\_\_\_\_

Amount of increase (decrease): \_\_\_\_\_

Total authorized amount of fund: \_\_\_\_\_

**For Establishments and Increases:**  
Disbursement Check #: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

**For Decreases:**  
Cash Receipt #: \_\_\_\_\_ Amount: \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Petty Cash Officer

\_\_\_\_\_  
Date

**Original:** Petty Cash Office  
**Photocopy:** Petty Cash Custodian