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DHS
Oregon Department of Human Services
Office of Financial Services

RECEIPT OF PETTY CASH FUNDS BY CUSTODIAN

I, _____ have been appointed as the ☐ primary/☐ alternate custodian
(Print name of custodian) *(Check One)*
of the petty cash funds in the amount of $ _____ by _____.
(Total amount of fund) *(Print name of manager)*
Program Manager of _____ I have read the DHS policy, petty cash funds,
(Print name of program)
DHS-040-017 and accept responsibility for the custody and control of the fund. My appointment

as Petty Cash Custodian supersedes _____ and is effective _____
(Name of former custodian)

In the event that I leave my present position, I understand that I must provide the new custodian with an accounting of the fund, and that they must acknowledge receipt of the fund. The accounting shall be submitted to the DHS Financial Services Accounts Payable Unit with a reconciliation of the fund attached, as required by the petty cash funds policy.

Total cash received	$ _____
Receipts for authorized purchases	$ _____
Reduction in fund	-$ _____
Total petty cash fund	$ 0.00

Complete if fund amount is reduced:
Lockbox # _____
Index _____
PCA _____

We certify that at the time of appointment, the fund was counted and reconciled and the authorized amount of $ _____ was properly accounted for.

Signature: _____ OR # _____ Date _____
(Custodian)

Signature: _____ Date _____
(Program manager)

Instructions: The program manager must have delegated expenditure decision authority on file with the DHS Financial Services Accounts Payable Unit. The expenditure authority must be equal to or exceed the total amount of the petty cash fund. Retain a copy of the form for the manager's files and submit the original form to DHS Financial Services Accounts Payable Unit within two business days. The accounts payable unit will establish the employee as custodian in the statewide accounting system.