

Practice Name _____
Petty Cash Fund Replenishment

Original balance in fund	\$100.00 _____
Current balance in fund	\$ _____
Total of receipts	\$ _____
Total of current balance and receipts (should equal \$100.00)	\$ _____
Amount of request to replenish (should equal total of receipts)	\$ _____

Employee Signature

Date

Attach receipts to this document and submit to _____ for replenishment of the fund.

Petty Cash Fund Policy

Overview:

During the daily routine of our practice, miscellaneous items of minimal value must be purchased. For these circumstances, a petty cash fund is established.

Description:

The petty cash fund is under the fiscal control of the office manager. It is established with a \$100.00 balance.

Receipts are required for reimbursement from the fund. The following information should be apparent on the receipt:

- Purpose for which items were purchased
- Items purchased
- Dollar value of items

The petty cash fund will not be utilized for purposes of making change for patients paying cash for their services.

When the fund is diminished to \$25.00, the office manager will total all the receipts in the cashbox, as well as the remaining cash in the cashbox. The receipts plus cash should total \$100.00. A request for a replenishment check should be made for the total of the receipts, by completing the Petty Cash Fund Replenishment form. The check shall be payable to "Cash".