



I, the undersigned _____
(Name) (Positions Title)

Have received and do hereby acknowledge receipt of funds belonging to University of Colorado Medicine, in the amount of \$_____ constituting a CU Medicine Petty Cash Fund to be used by me for the following purposes:

I hereby agree to hold said fund in trust and to account to the Controller of CU Medicine, or his/her duly appointed representative, for all sums received by me for use of said funds, whether received directly or by way of replenishment or refunding of said change fund.

I further agree to render a proper accounting for disbursements made and, upon demand to account for the total amount of this fund and to pay over to the Controller or his/her duly appointed representative, the balance of said fund.

(Signature of Custodian) Date

Issue date: _____
Department: _____
Division: _____
Amount: _____

Audit and Update

| Date | Amount | Audited By |
|------|--------|------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Closed/transferred

Note: A new Petty Cash Receipt must be completed by person receiving transferred fund.

Send by email to FinanceGeneral@cumedicine.us