FOOTHILL-DEANZA COMMUNITY COLLEGE DISTRICT REQUEST TO CLOSE PETTY CASH FUND

This form should be sent to the District Accounting Office, together with a copy of the deposit slip (or receipt) from the Campus Cashier's Office for the amount of cash returned, and the original receipts for unreimbursed expenses.

PARTMENT/U	NIT	department name		
ME OF CUSTO	DDIAN			
ND IS BEING	CLOSED	Permanently	_ Temporarily	7
A. Amount	of unreimbursed	receipts attached		
B. Amount	of cash returned	(cashier's receipt a	ittached)	
C. Total of	Lines A & B			
D. Stated a	mount of Fund			
E. Discrepa	ancy between Lir	nes C & D (if any)		
Exp	lanation:			
The un	reimbursed receip	pts should be charg	ged as follows	y:
	ACCOUNT # 1	10 digits	AN	MOUNT
1				
2				
3 4				
5				
6				
7				
8				
9				
10		TOTA	т.	
		TOTA	L.	
Signature o	f Custodian		_ Date	 Ext.
	custsign		date cust s	ngn
Signature of Department Manager			Date	 Ext.