Miami-Dade County Finance Department - Accounting & Reporting Petty Cash and/or Change Funds Custodian Form

Return by: Monday, September 15, 2014

Return to: Maria T. Hernandez, Accounting Manager, Finance Department, 111 N.W. 1st Street – Suite 2620.

PETTY CASH FUNDS WILL NOT BE REPLENISHED UNLESS THIS FORM IS FILED WITH THE FINANCE DEPARTMENT BY THE ABOVE DATE.

This Petty Cash and/or Change Funds Year End Authorization Form is to be filled out and returned listing each location that has Petty Cash and/or Change Funds and the amount of the fund (s). The Petty Cash Fund must be found at the location indicated below so that it can be counted and verified by auditing teams.

This authorization, unless changed due to employee transfers, terminations or a reassignment of duties, will be effective for the fiscal year 2014-15. Any changes due to transfers, terminations or re-assignments must be reported immediately to the Finance Department by completing and submitting a new **Petty Cash/Change Fund Change** form.

Petty Cash funds are governed by Administrative Order No. 3-6 (AO 3-6) that specifically requires the department to establish written departmental Petty Cash Fund procedures; ensure a secured on-site storage facility to safeguard the funds; immediately send the Finance Director written notification of change in custodian; and perform independent, unannounced verifications of petty cash fund balances at least annually to assure accountability and compliance with County ordinance. AO 3-6 further limits the use of petty cash funds to expenditures that are for a legitimate public purpose, and that are considered infrequent or unanticipated in nature. Individual petty cash expenditures are limited to less than \$250.

This Petty Cash and/or Change Funds Custodian form is to be filled out and returned listing each location that has Petty Cash and/or Change Funds and the amount of the fund(s). The Petty Cash Fund must be found at the location indicated below so that it can be counted and verified by auditing teams.

Please attach list if you require more than five (5) lines. Include all columns.

Name of Custodian	Custodian Emp ID #	Location	Petty Cash/Change Fund Amount	FAMIS Subsidiary	Date Last Verified*	Custodian's Signature	
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I certify the Petty Cash a	nd/or Change Fun	ds are in compliance with AO	3-6.		_		
Department Director: Print		Departs	ment:		_		
Department Director:	Signature	Date:					