## County Petty Cash Accounts Monthly Reconciliation Form

County: \_\_\_\_\_

Month:

Date    k)	Amount	\$0.0 \$0.0 \$0.0 \$0.0
k)		\$0. \$0.
Date	Amount	<u>\$0.</u> \$0.
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Date	Amount	
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As account custodian, I recognize that I am personally responsible for the full amount of the account entrusted to me and certify that this reconciliation represents all activity of the account for the month indicated.

Date:

Staff Chair: