

REPORT OF CASH DIFFERENCE

Prepare and report immediately – retain copy for department files. Original to Auditor’s Office with deposit

Cash Shortage of \$ \_\_\_\_\_ or

Cash Overage of \$ \_\_\_\_\_ incurred in the \_\_\_\_\_ Office.

Date and time discovered: \_\_\_\_\_.

Date and time of last correct cash count: \_\_\_\_\_.

Location and description of place money is kept: \_\_\_\_\_

\_\_\_\_\_.

Name(s) of person(s) who have access to the cash: \_\_\_\_\_

\_\_\_\_\_.

Comments regarding how difference occurred: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_.

Suggestions to prevent re-occurrence: \_\_\_\_\_

\_\_\_\_\_.

\_\_\_\_\_  
Signature of Employee Submitting Report

\_\_\_\_\_  
Signature of Department Head or Assistant

\_\_\_\_\_  
Printed Name of Employee Submitting Report

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FOR COUNTY AUDITOR USE ONLY

Difference reflected on Auth # \_\_\_\_\_

Shortage covered by Resolution # \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Claim # \_\_\_\_\_

Warrant # \_\_\_\_\_

Code: \_\_\_\_\_  
Dept                  Revenue                  Fund

Deposited: Authorization # \_\_\_\_\_

Date: \_\_\_\_\_