Petty Cash Account Quarterly Report
as of _____
(date)

Agency: _____ **Petty Cash Account Coordinator:** _____
(name) **(phone)**

OBM ACCOUNT ID NUMBER* / PETTY CASH ACCOUNT NAME	① AUTHORIZED DOLLAR AMOUNT	② DATE OF BANK STMT	③ BANK BALANCE	④ CHCKNG ACCT BALANCE	⑤ CASH ON HAND	⑥ RECPTS ON HAND	⑦ CASH AND CHECK ADVNCS	⑧ VOUCHR IN TRANSIT	⑨ REGSTR CHANGE FUND	TOTAL OF ④ ⑤ ⑥ ⑦ ⑧ and ⑨

*Required

COMMENTS:

I certify that this report is accurate and complete to the best of my knowledge.

_____
Coordinator signature

OBM 7275
Revised 1/2016

Send to: obmpettycash@obm.ohio.gov or
Office of Budget and Management, State Accounting, 30 E. Broad Street
34th Floor Columbus, Ohio 43215-3457