

University of Arkansas Report of Cash Over/Short

Location: _____ **Date:** _____

Cash Fund Custodian: _____ **Cash Over/Short: \$** _____

Amount of Fund: \$ _____

Reason for Over/Short _____

Recovery Procedures: _____

Reviewed by: _____ **Title:** _____

Campus Address: _____ **Campus Telephone:** _____

Instructions for Completing Form:

- 1. Location – The office, department, or activity where the shortage occurred.
- 2. Date – The date the shortage occurred.
- 3. Cash Fund Custodian – The person responsible for the funds at the time the shortage is discovered
- 4. Cash Over/Short – Indicate the amount of the overage or shortage.
- 5. Amount of Fund – Cash fund assigned to custodian.
- 6. Reason for Shortage – Possible reason(s) for shortage.
- 7. Recovery Procedures – Diligence in recovering loss of funds.
- 8. Reviewed by – Reviewed and signed by the immediate supervisor.
- 9. Title – Title of the reviewer.
- 10. Campus Address – Address of the reviewer.
- 11. Campus Telephone – Campus phone number of reviewer

Attach a copy of this form to the deposit transmittal.