

Retail Petty Cashier Audit Form

Date

Store Location

Cashier Name

Auditor Name

Petty Cash Fund Details

Opening Balance

Total Receipts

Total Disbursements

Closing Balance

Cash Counted

Expense Details

Date	Description	Amount	Receipt #	Initials
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Audit Checks

Are all receipts present?

Is balance correct?

Any discrepancies?

Comments