

Johns Hopkins University

Statement of Petty Cash Custodian's Responsibility

PART I: To be Completed by Department

Date Sent: _____ Fund Amount: \$ _____

Cash Journal Number and/or Bank Account Name _____ P/C General Ledger Number _____

Department Name _____ Project Name and Funding Agency (if applicable) _____

Room & Building (if applicable) _____ Off-Campus Location of Remote Funds (if applicable) _____

Print Custodian Name _____ Telephone # _____ Employee I.D. _____ E-mail Address _____

Print P/C Administrator Name _____ Telephone # _____ Employee I.D. _____ E-mail Address _____

PART II: To be Completed by the Custodian

I, _____, acknowledge responsibility of the Petty Cash Fund (the "Fund")
(Print Custodian Name)
_____ in the amount of \$ _____ for the purpose of transacting petty cash
(G/L Number) (Fund Amount)
expenditures (domestic or remote fund) within the guidelines of The Johns Hopkins University Petty Cash
Policies and Procedures.

I assume the responsibility for proper control and accountability for the Fund at all times and agree to complete the Petty Cash training prior to receiving the funds or gaining access in SAP to the Petty Cash Fund designated above.

I agree that actual petty cash expenses will be reported in the SAP system in a timely manner. If I do not provide an accounting upon request or at the termination of my responsibility for this Fund, I understand that an internal investigation may ensue and, depending on the results of the investigation, I may be required to repay any missing or unaccounted funds to Johns Hopkins University in accordance with The Johns Hopkins University's Petty Cash Policies and Procedures.

I further assume the responsibility for informing the Divisional Business Officer, in writing (Form B-29), of any changes in the information provided by this statement.

Custodian Signature

Date

Please return your completed request to the following:

Treasury Operations
treasury.help@jhu.edu
3910 Keswick Road, N-5100
Baltimore, MD 21211