

OSM Form

**Daily Reconciliation Worksheet
Example**

DAILY RECONCILIATION		Revised 10/89
INFREST FUND		
Name of Cashier	<u>Tom Cashier</u>	Date <u>2/22/89</u>
Office	<u>American Savings</u>	
1. Total of Funds Advanced		\$ <u>2,000.00</u>
2. Items to Account For:		
a. Cash on Hand	\$ <u>175.00</u>	
b. Uncashed Treasury Reimbursement Checks on Hand (List on Reverse)	\$ <u>900.00</u>	
c. Interim Receipts for Cash - SF-1163 (List on Reverse)	\$ <u>450.00</u>	
d. Unpaid Reimbursement Voucher Dated <u>2/14/89</u>	\$ <u>450.00</u>	
e. Unscheduled Subvouchers	\$ <u>25.00</u>	
3. Total Amount Accounted For		\$ <u>2,000.00</u>
4. Difference Between Line 1 and 3 (Explain on Reverse)		\$ <u>0.</u>
<p>I, the undersigned, certify that the cash stated above has been verified by actual cash count and that all the above items, unless otherwise noted under differences, have been found to be in agreement with the appropriate accounting records.</p>		
<u><i>Tom Cashier</i></u>	<u><i>Account Cashier</i></u>	
(Signature)	(Title)	

DAILY RECONCILIATION
IMPREST FUND

Name of Cashier _____ Date _____

Office _____

- | | | |
|----|--|----------|
| 1. | Total of Funds Advanced | \$ _____ |
| 2. | Items to Account For: | |
| | a. Cash on Hand | \$ _____ |
| | b. Uncashed Treasury Reimbursement
Checks on Hand (List on Reverse) | \$ _____ |
| | c. Interim Receipts for Cash - SF-1165
(List on Reverse) | \$ _____ |
| | d. Unpaid Reimbursement
Voucher Dated | \$ _____ |
| | e. Unscheduled Subvouchers | \$ _____ |
| 3. | Total Amount Accounted For | \$ _____ |
| 4. | Difference Between Line 1 and 3
(Explain on Reverse) | \$ _____ |

I, the undersigned, certify that the cash stated above has been verified by actual cash count and that all the above items, unless otherwise noted under differences, have been found to be in agreement with the appropriate accounting records.

(Signature) (Title)

SECURITY CONTAINER INFORMATION INSTRUCTIONS		1. AREA OR POST (if required)	2. BUILDING (if required)	3. ROOM NO.
1. COMPLETE PART 1 AND PART 2A (ON END OF FLAP).		4. ACTIVITY (DIVISION, BRANCH, SECTION OR OFFICE)	6. MFG. & TYPE CONTAINER	5. CONTAINER NO.
2. DETACH PART 1 AND ATTACH TO INSIDE OF CONTAINER.				
3. MARK PARTS 2 AND 2A WITH THE HIGHEST CLASSIFICATION STORED IN THIS CONTAINER.		7. MFG. & TYPE LOCK	8. DATE COMBINATION CHANGED	8. NAME AND SIGNATURE OF PERSON MAKING CHANGE
4. DETACH PART 2A AND INSERT IN ENVELOPE.				
5. SEE PRIVACY ACT STATEMENT ON REVERSE		Persons listed below have knowledge of this container combination.		
10. EMPLOYEE NAME		HOME ADDRESS		
		HOME PHONE		

2. 700-101
NSN 7540-01-214-5372

STANDARD FORM 700 (4-85)
Prescribed by GSA/1500
32 CFR 2003

WARNING

WHEN COMBINATION ON PART 2A IS ENCLOSED, THIS ENVELOPE MUST BE SAFEGUARDED IN ACCORDANCE WITH APPROPRIATE SECURITY REQUIREMENTS.

DETACH HERE

COMBINATION

Items to the (right) (left) show at _____
Items to the (right) (left) show at _____
Items to the (right) (left) show at _____
Items to the (right) (left) show at _____

WARNING

THIS COPY CONTAINS CLASSIFIED INFORMATION THE COMBINATION IS ENTERED UNCLASSIFIED UPON CHANGE OF COMBINATION.

2A INSERT IN SF 700 (4-85)
ENVELOPE Prescribed by
GSA/1500
32 CFR 2003

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4. DETACH PART 2A AND INSERT IN ENVELOPE.				
5. SEE PRIVACY ACT STATEMENT ON REVERSE		Persons listed below have knowledge of this container combination.		
10. EMPLOYEE NAME		HOME ADDRESS		
		HOME PHONE		

1. ATTACH TO INSIDE OF CONTAINER

700-101
NSN 7540-01-214-5372

STANDARD FORM 700 (4-85)
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STANDARD FORM 1652 - STATEMENT OF ADVANCE OF FUNDS FOR CHANGE-MAKING PURPOSES

①	Name of Agent _____	②	Date _____
	Department and Bureau _____		
	Location _____		
③	Total amount of advance		
④	a. By disbursing officer (symbol _____)	\$ _____	
⑤	b. Transferred from _____	_____	\$ _____
	Verification of advance funds:		
⑥	a. Cash on hand	Bills \$ _____	
		Coins _____	
	b. Un cashed advance check on hand No.(s) _____	_____	
⑦	c. Receipts on hand for cash advanced to sub-agents	_____	\$ _____
⑧	Transferred to _____	_____	\$ _____
⑨	Total accounted for	_____	\$ _____
⑩	Difference, if any, between Line 1 and Line 4 (explain on reverse)	_____	\$ _____
	I certify that the foregoing report of my accountability is true and correct.		
		⑪	_____ (Signature of Agent or Sub-Agent)
CERTIFICATE OF VERIFICATION OF AGENT'S FUNDS			
	⑫, We, the undersigned, at _____ (Title) _____ (Date), verified the cash, uncashed advance checks, and receipts for advances to sub-agents and hereby certify the amount reported above on Line 4 as being correct as of that time and date.		
⑫	_____ (Signature)	_____ (Title)	
	_____ (Signature)	_____ (Title)	