



Cash Incident Report

Campus/Department: _____ Date ____/____/____

Shortage [___] **Overage** [___]

Amount: _____
Transaction Date: ____/____/____
Cashier Name: _____

Date reported to Supervisor: ____/____/____
Supervisor name: _____

Date reported to Internal Audit (IA): ____/____/____ (If Over/Short = \$100 or more)
Internal Auditor name: _____

Explanation of circumstance (indicate if theft, embezzlement suspected):

Corrective Action: _____

Note: Attach all appropriate documents.

I certify to the best of my knowledge and belief that the information provided above is true, correct and complete.

_____	_____	_____	_____
Cashier	Date	Supervisor	Date
_____	_____	_____	_____
Business Manager or Financial Officer	Date	Department Head or Dean/VP	Date