

\$ _____ **Shortage Over \$500 Notify USBS and Internal Audit Immediately**

\$ _____ Shortage Less Than \$500 Notify Bursar within 24 Hours

\$ _____ Overage

Business Unit Reporting Shortage/Overage

Department _____ Location _____

Cashier (Please Print) _____

Supervisor (Please Print) _____

_____	_____	\$	_____
Date	Number of Transactions		Amount

Explanation:

Signatures

Cashier's Signature _____ Date _____

Supervisor's Signature _____ Date _____

USBS Use Only

_____ Date _____ Cashier's Signature _____