



2014 Petty Cash Confirmation
Department of Health and Hospitals
Office of Payment Management

Please complete this form and return it to DHH-OMF-Payment Management Section, Attn: Sheila Savoy, **no later than July 11, 2014.** This information is being requested for the Annual Financial Report for the Department of Health and Hospitals that is prepared by the DHH- Office of Management and Finance for the 2014FY.

Please submit all vouchers dated before June 30, 2014 for reimbursement separately. Do not submit vouchers for FY2014 and FY2015 on the same request.

You may fax your completed confirmation to Sheila Savoy at 225-342-4366 or mail to DHH-Payment Management; Attn: Sheila Savoy; P. O. Box 91117; Baton Rouge, LA 70821-9117

Your prompt attention to this request will be appreciated.

Name of Custodian: _____

Petty Cash Account #: _____

Name of Facility/Agency: _____

Cash on hand as of June 30, 2014: \$ _____

Vouchers/Invoices on hand as of June 30, 2014: \$ _____

Total Petty Cash Fund: \$ _____

I hereby certify that the above stated information is accurate and correct as of the close of business June 30, 2014.

Signature: Petty Cash Custodian