

**CHAPTER 2**  
**PETTY CASH AND CHANGE FUND**

**REVISED SEPTEMBER 2020**

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## CHAPTER 2

### PETTY CASH AND CHANGE FUND

1. AUTHORITY. State Administrative Manual (SAM) Sections 8111 and 8112 authorize state agencies to establish petty cash and change funds.
2. PURPOSE. The purpose of this chapter is to provide guidance and direction to appropriate office personnel involved with:
  - a. Providing cash in denominations and amounts necessary to permit the making of change in day-to-day cash collection operations of the Department using a change fund.
  - b. Reimbursing departmental employees for petty cash expenditures. The petty cash fund shall be for “minor” purchases (up to \$50.00, excluding sales tax, per purchase) necessary for the daily operation of the command and consistent with the goals of the Department. The fund shall not be used to purchase goods for social events.
3. POLICY. Departmental policy requires that a limited change fund be retained for making change in the day-to-day cash collection operations of a command. Departmental policy also allows commands to maintain a limited petty cash fund for making small purchases that cannot be accomplished with a Procurement Card. All purchasing activity shall comply with applicable laws and established policies/procedures.
4. METHOD OF ESTABLISHING. A petty cash or change fund will be established in field offices upon written request of the commander (refer to Annexes A and B) to Fiscal Management Section (FMS), Accounts Payable Unit (APU).
5. LIMITATIONS. The total petty cash fund shall be limited to \$300.00 and the change fund shall be limited to \$100.00.
6. RESPONSIBILITY. Although overall responsibility for control of each fund rests with the commander, the commander shall designate one person to be the custodian of the fund. The person to whom the checks are issued is the custodian and is personally liable for the fund.

7. CHANGE IN COMMANDER. When a change in commander occurs, a memorandum shall be written to FMS, APU, since the overall responsibility for control of each fund rests with the commander. It must include an effective date; what the change is (e.g., new commander); an explanation that the change pertains to the petty cash fund; and a statement that all cash and receipts, including items in transit, have been accounted for as of the effective date of the change (refer to Annex A).

8. CHANGE IN CUSTODIAN/CLOSE THE FUND. When there is a change in the petty cash fund or change fund custodian, or the command needs to close the fund (refer to Annexes C and D), the following needs to be done:

a. The prior custodian must prepare a final STD. 439, Disbursement Voucher, and/or CHP 264, Reimbursement – Petty Cash Request, with associated documents/receipts and upload it onto the Administrative Services Division (ASD) Document Repository, located at: <https://chp2go.sharepoint.com/sites/docdepot>. In addition, the command shall prepare a CHP 250, Petty Cash and Change Fund Reconciliation.

b. The remaining petty cash fund balance and/or change fund needs to be sent to the FMS, Cashiering Unit, via a money order/cashier's check, along with a CHP 250, with a notation of whether it is to close out the petty cash and/or change fund, or due to a change of custodian. An e-mail must also be sent to [chpaccountspayable@chp.ca.gov](mailto:chpaccountspayable@chp.ca.gov).

NOTE: Please allow 7-10 business days to close and establish new custodian.

9. SECURITY. Petty cash and change funds shall be stored in a locked, metal cash box to maintain the funds and receipts, and located in a secure place. Funds shall not be maintained in a personal bank account.

10. RULES GOVERNING USE.

a. Maximum Purchase. Individual petty cash purchases shall be limited to a maximum of \$50.00 (excluding sales tax). Authorization for petty cash purchases shall be obtained from the petty cash custodian prior to use. Under **no circumstances** shall any purchase exceed the maximum dollar limitations. Items listed below in paragraph 10.d. shall not be purchased with petty cash funds.

b. Authorized Suppliers. A completed STD. 204, Payee Data Record, must be mailed or faxed to all first-time suppliers for completion (refer to Annex B). The STD. 204 is used to collect taxpayer identification data as required by the Internal

Revenue Service. The completed form must be attached to the CHP 264 prior to forwarding to FMS for payment.

c. Purchase Splitting. The SAM prohibits splitting of purchases into a series of orders in order to circumvent the dollar limitations. For example, two or more purchases cannot be made the same day to buy items totaling over the maximum limit. Any claim including more than one voucher for the **same** vendor in the **same** day shall be denied reimbursement.

d. Prohibitions. The use of petty cash is expressly prohibited for purchases of certain categories. The Department and the State Controller critically review petty cash expenditures **and** will deny payment for prohibited items and/or for items not considered essential to state operations. Prohibitions include, but **are not limited to**, the following:

- (1) Items available from the California Highway Patrol Supply Services Catalog **or** items comparable to those available from the supply catalog.
- (2) Supplies to support continuing, repetitive, or prolonged local programs or projects.
- (3) Subscriptions to newspapers, magazines, or periodicals (refer to Chapter 7, Purchases, of this manual).
- (4) Repairs or maintenance of office equipment (refer to Chapter 8, Equipment, of this manual).
- (5) Waste oil pickup (disposal).
- (6) Pest control services.
- (7) Room rentals.
- (8) Postage.
- (9) Salaries and wages.
- (10) Supplies for the benefit of another department's operation.
- (11) Advances or loans regardless of collateral.
- (12) Cashing checks of any kind.
- (13) Carbon Tetrachloride fire extinguishers or refills.
- (14) Picture frames (refer to Chapter 3, CAL-Card Program, of this manual).

- (15) Retirement plaques.
- (16) Publications.
- (17) Major, minor, or sensitive equipment.
- (18) Capital outlay expenses.
- (19) Utility bills.
- (20) Auto rental or leasing.
- (21) Membership dues (refer to General Order 11.8, Payment of Membership Dues, for procedures).
- (22) Repairs to or maintenance of leased/owned facilities including, but not limited to, restroom fixtures/accessories, cleaning supplies, toilet plunger, gardening tools, and/or plants/flowers.
- (23) Modifications and/or alterations to a state or leased facility.
- (24) Repairs/modifications to any state-owned or maintained weapon (refer to Chapter 10, Police Protective and Safety Equipment – Uniformed Employees, of this manual).
- (25) Personal services subject to regulations of the State Personnel Board.
- (26) Rubber stamps for fax signatures.
- (27) Ammunition (refer to Chapter 6, Supply Services Acquisitions, of this manual).
- (28) Repair or maintenance to a vehicle by a dealer or other authorized vendor.
- (29) Items for the operation of a coffee bar including, but not limited to, powdered cleaners, scouring pads, soap, and/or Styrofoam or paper cups.
- (30) Styrofoam or paper cups for bottled water.
- (31) Glass for desk tops.
- (32) Guest books for new office open house or similar activities.
- (33) Items which are available on mandatory state contracts such as: automotive oil, automotive filters, fluorescent lamps, and plastic trash bag liners.

(34) Rental of a safe deposit box (refer to Highway Patrol Manual 11.1, Administrative Procedures Manual, Chapter 24, Payment of Invoices, for processing procedures).

(35) Office supplies, such as rubber bands, markers, binder dividers, file folders, envelopes, etc.

(36) Automotive tools and parts, such as hand tools, screws, shop towels, etc.

(37) The purchase of engraved signs (plastic material) that are essential to departmental operations (e.g., signs concerning safety, command direction, and duty status boards). Petty cash may be used providing a statement of justification is written on the CHP 264 (refer to Annex E).

e. Violations. Violations of the rules regarding use of petty cash will result in denial of reimbursement, and if repeated, may result in withdrawal of the petty cash fund.

f. Authorized Purchases. Authorized items include, but are not limited to:

(1) Payment of postage due (receipts are required).

(2) Key making.

(3) Payment of money orders.

## 11. ACCOUNTABILITY.

a. Total Fund. The total amount of cash, receipts on hand, and receipts in transit must equal the total fund at all times. The commander shall designate someone other than the custodian to conduct unannounced audits on a quarterly basis.

b. Receipts.

(1) Purchase receipts shall be obtained from the vendor. The original receipt will be necessary to replenish the fund. The receipt must identify the vendor and the item(s) purchased.

(2) If a purchase receipt does not identify the vendor or the item(s) purchased, or if no receipt is provided, a STD. 439 **must** be used in addition to or in place of the receipt. The STD. 439 must be completed and signed by the commander or fund custodian (refer to Annex F).

(a) Distribution of the completed form is as follows:

- 1 Original cash register receipt must be attached to the CHP 264.
- 2 When required, a STD. 439 must be attached to the CHP 264.

c. Shortages. Each command shall report shortages due to theft in the fund immediately to FMS, APU. The theft shortage must be reported in writing no later than the first business day following the discovery of the theft. An original plus one copy of all reports will be submitted to the FMS, APU. If a theft is involved, attach a copy of the STD. 99, Report of Crime or Criminally Caused Property Damage on State Property, a CHP 216, Arrest - Investigation Report, and a CHP 729, Uniform Crime Report.

d. Overages. Overages shall be forwarded to the FMS, Cashiering Unit, using CHP 230, Transmittal Record, for deposit as miscellaneous revenue.

e. Annual Fund Confirmation. Each year FMS will provide a confirmation and responsibility of petty cash and change fund document to commands citing the recorded fund custodian and amount. Commanders shall designate someone other than the custodian to audit the funds, and confirm the information provided by signing the document and electronically returning it to FMS, APU, on or before the date indicated on the document (refer to Annex G).

## 12. REPLENISHING FUND.

a. Request for Reimbursement. A list of receipts and/or STD. 439s shall be prepared on a CHP 264 at least monthly. When completing reimbursement information on the CHP 264, double space between the information for each invoice date; do not type any information through the vertical lines.

(1) All receipts should be attached to 8-1/2" x 11" sheets of paper in the same chronological order as listed on the CHP 264. If no receipt is provided, an STD. 439 shall be completed.

(2) The total amount to be reimbursed, total cash on hand, and the petty cash fund total must be entered at the bottom of the form.

(3) The signature, printed name, and ID numbers of the commander and custodian are required. The typist's name is not to be provided.

(4) The original CHP 264 with supporting reimbursement receipts/vouchers must be uploaded onto the ASD Document Repository.

(5) The original CHP 264 and supporting reimbursement receipts/vouchers are to be retained by the Area command for a period of four years. Do not forward originals to the FMS, APU.

b. Reimbursement. When reimbursement is received, the Area's original CHP 264 shall be marked with the revolving fund check number and date and shall be filed pending audit. Endorsement of the check issued shall constitute acknowledgement of receipt and possession by the requesting command.

13. CONFIDENTIAL FUND.


a. The prior custodian must prepare a final CHP 262, Travel Expense Claim, (refer to Annex H) with associated documents/receipts and upload it onto the ASD Document Repository.

b. The remaining confidential fund needs to be sent to the FMS, Cashiering Unit, via a money order/cashier's check along with a CHP 155, Confidential Fund, (refer to Annex I) with a notation to close out the confidential fund due to change of custodian. An e-mail must also be sent to [chpaccountspayable@chp.ca.gov](mailto:chpaccountspayable@chp.ca.gov).

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## ANNEX A

### RECOMMENDED FORMAT FOR CHANGE IN COMMANDER

State of California	Transportation Agency
<b>M e m o r a n d u m</b>	
Date:	March 5, 2020
To:	Fiscal Management Section
From:	DEPARTMENT OF CALIFORNIA HIGHWAY PATROL Napa Area
File No.:	325.11111.A12345
Subject:	PETTY CASH FUND
<p>Effective February 27, 2020, Lieutenant Samuel Sample, 00005, assumed the responsibility for the Petty Cash Fund. He examined the fund and accounted for all cash and receipts.</p> <p>I request that future reimbursement checks be issued to Lieutenant Samuel Sample.</p>	
<p>NICHOLAS BOSS, Captain Commander</p>	
<i>Safety, Service, and Security</i> <small>CHP 51 (Rev. 03/2015) CHP 076</small>	 <i>An Internationally Accredited Agency</i>

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**PAYEE DATA RECORD**

(Required when receiving payment from the State of California in lieu of IRS W-9 or W-7)

STD 204 (Rev. 5/2018)

<b>1</b>	<p><b>Requirement to Complete the Payee Data Record, STD 204</b></p> <p>A completed Payee Data Record, STD 204 form, is required for all payees (non-governmental entities or individuals) entering into a transaction that may lead to a payment from the state. Each state agency requires a completed, signed, and dated STD 204 on file; therefore, it is possible for you to receive this form from multiple state agencies with which you do business.</p> <p>Payees who do not wish to complete the STD 204 may elect not to do business with the state. If the payee does not complete the STD 204 and the required payee data is not otherwise provided, payment may be reduced for federal and state backup withholding. Amounts reported on Information Returns (Form 1099) are in accordance with the Internal Revenue Code (IRC) and the California Revenue and Taxation Code (R&amp;TC).</p>
<b>2</b>	<p>Enter the payee's legal business name. The name must match the name on the payee's tax return as filed with the federal Internal Revenue Service. Sole proprietorships and single member limited liability companies (LLCs) must also include the owner's full name. An individual must list his/her full name as shown on the SSN or as entered on the W-7 form for ITIN.</p> <p>The mailing address should be the address at which the payee chooses to receive correspondence. The business address is the address of the business' physical location.</p>
<b>3</b>	<p>Check only <b>one</b> box that corresponds to the payee business type. Corporations must check the box that identifies the type of corporation.</p> <p>The State of California requires that all parties entering into business transactions that may lead to payment(s) from the state provide their Taxpayer Identification Number (TIN). The TIN is required by the R&amp;TC sections 18846 and 18881 to facilitate tax compliance enforcement activities and the preparation of Form 1099 and other information returns as required by the IRC section 6109(a) and R&amp;TC section 18862 and its regulations.</p> <p>Payees must provide <b>one</b> of the following TINs on this form: social security number (SSN), individual taxpayer identification number (ITIN), or federal employer identification number (FEIN). The TIN for sole proprietorships, single member LLC (disregarded entities), and individuals is the SSN or ITIN. Only partnerships, estates, trusts, corporations, and LLCs (taxed as partnerships or corporations) will enter their FEIN.</p>
<b>4</b>	<p><b>Are you a California resident or nonresident?</b></p> <p>A corporation will be defined as a "resident" if it has a permanent place of business in California or is qualified through the Secretary of State to do business in California.</p> <p>A partnership is considered a resident partnership if it has a permanent place of business in California. An estate is a resident if the decedent was a California resident at time of death. A trust is a resident if at least one trustee is a California resident.</p> <p>For individuals and sole proprietors, the term "resident" includes every individual who is in California for other than a temporary or transitory purpose and any individual domiciled in California who is absent for a temporary or transitory purpose. Generally, an individual who comes to California for a purpose that will extend over a long or indefinite period will be considered a resident. However, an individual who comes to perform a particular contract of short duration will be considered a nonresident.</p> <p>Payments to all nonresidents may be subject to withholding. Nonresident payees performing services in California or receiving rent, lease, or royalty payments from property (real or personal) located in California will have 7% of their total payments withheld for state income taxes. However, no withholding is required if total payments to the payee are \$1,500 or less for the calendar year.</p> <p>For information on Nonresident Withholding, contact the Franchise Tax Board at the numbers listed below:          Withholding Services and Compliance Section: 1-888-792-4900      E-mail address: <a href="mailto:wscs.gen@ftb.ca.gov">wscs.gen@ftb.ca.gov</a>          For hearing impaired with TDD, call: 1-800-822-6268      Website: <a href="http://www.ftb.ca.gov">www.ftb.ca.gov</a></p>
<b>5</b>	Provide the name, title, email address, signature, and telephone number of the individual completing this form. Provide the date the form was completed.
<b>6</b>	This section must be completed by the state agency requesting the STD 204.

**Privacy Statement**

Section 7(b) of the Privacy Act of 1974 (Public Law 93-579) requires that any federal, state, or local governmental agency, which requests an individual to disclose their social security account number, shall inform that individual whether that disclosure is mandatory or voluntary, by which statutory or other authority such number is solicited, and what uses will be made of it.

It is mandatory to furnish the information requested. Federal law requires that payment for which the requested information is not provided is subject to federal backup withholding and state law imposes noncompliance penalties of up to \$20,000.

You have the right to access records containing your personal information, such as your SSN. To exercise that right, please contact the business services unit or the accounts payable unit of the state agency(ies) with which you transact that business.

All questions should be referred to the requesting state agency listed on the bottom front of this form.

## ANNEX C

### EXAMPLE OF CHP 250, PETTY CASH AND CHANGE FUND RECONCILIATION, (PETTY CASH FUND)

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL			
<b>PETTY CASH AND CHANGE FUND RECONCILIATION</b>			LOCATION CODE
CHP 250 (Rev. 01-19) OPI 071			726
Complete the Petty Cash and Change Fund Reconciliation upon changing custodian and submit to Fiscal Management Section, Travel Services Unit.			
Petty Cash Fund - Cash on hand: \$ 119.97		Change Fund - Cash on hand: \$ .00	
Receipt(s) On Hand			
Amount	Date	Amount	Date
\$		\$	
\$		\$	
\$		\$	
\$		\$	
\$		\$	
\$		\$	
\$		\$	
CHP 264, Reimbursement - Petty Cash Request (in transit)			
Amount	Date	Amount	Date
\$ 39.92	1/31/2020	\$	
\$ 3.09	2/27/2020	\$	
\$ 37.02	3/5/2020	\$	
\$		\$	
\$		\$	
\$		\$	
\$		\$	
<b>Total Petty Cash Fund: \$ 200.00</b>			
NEW CUSTODIAN SIGNATURE	PRINTED NAME AND TITLE	ID NUMBER	DATE
	S. Sample, OT	A00000	
OLD CUSTODIAN SIGNATURE	PRINTED NAME AND TITLE	ID NUMBER	DATE
	E. Example, OSS-I	A00001	
COMMANDER SIGNATURE	PRINTED NAME AND TITLE	ID NUMBER	DATE
	I. M. Custody, Lt.	00002	

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## ANNEX D

### EXAMPLE OF CHP 250, PETTY CASH AND CHANGE FUND RECONCILIATION, (CHANGE FUND)

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL		LOCATION CODE	
<b>PETTY CASH AND CHANGE FUND RECONCILIATION</b>		350	
CHP 250 (Rev. 01-19) OPI 071			
Complete the Petty Cash and Change Fund Reconciliation upon changing custodian and submit to Fiscal Management Section, Travel Services Unit.			
Petty Cash Fund - Cash on hand: \$		Change Fund - Cash on hand: \$ 40.00	
Receipt(s) On Hand			
Amount	Date	Amount	Date
\$		\$	
\$		\$	
\$		\$	
\$		\$	
\$		\$	
\$		\$	
\$		\$	
\$		\$	
CHP 264, Reimbursement - Petty Cash Request (in transit)			
Amount	Date	Amount	Date
\$		\$	
\$		\$	
\$		\$	
\$		\$	
\$		\$	
\$		\$	
\$		\$	
<b>Total Petty Cash Fund: \$</b>			
<b>NEW CUSTODIAN SIGNATURE</b>	<b>PRINTED NAME AND TITLE</b>	<b>ID NUMBER</b>	<b>DATE</b>
	S. Sample, OT	A00000	
<b>OLD CUSTODIAN SIGNATURE</b>	<b>PRINTED NAME AND TITLE</b>	<b>ID NUMBER</b>	<b>DATE</b>
	E. Example, OSS-I	A00001	
<b>COMMANDER SIGNATURE</b>	<b>PRINTED NAME AND TITLE</b>	<b>ID NUMBER</b>	<b>DATE</b>
	I. M. Custody, Lt.	00002	

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## ANNEX E

### EXAMPLE OF CHP 264, REIMBURSEMENT – PETTY CASH REQUEST

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL		<i>INSTRUCTIONS: Prepare in triplicate. The original CHP 264 and receipts, plus a duplicate set to Fiscal Management Section. Retain triplicate.</i>		LOCATION NAME	LOC. CODE	DATE
<b>REIMBURSEMENT- PETTY CASH REQUEST</b>				Marin	350	03/27/2020
CHP 264 (Rev. 9-11) OPI 071						
INVOICE DATE	VENDOR'S NAME	ITEM PURCHASED	PURPOSE	AMOUNT	OBJ. CODE	FMS USE ONLY
03/03/2020	7-11	Money order	For weekly transmittal	1.49		
03/09/2020	7-11	Money order	For weekly transmittal	1.49		
03/23/2020	7-11	Money order	For weekly transmittal	0.48		
CUSTODIAN'S SIGNATURE		CUSTODIAN'S NAME (PRINT)	CUSTODIAN'S ID	TOTAL AMOUNT TO BE REIMBURSED	3.46	ADD PAGE
		Betsy Bestt	A12345	TOTAL CASH ON HAND	196.54	CLEAR PAGE
COMMANDER'S SIGNATURE		COMMANDER'S NAME (PRINT)	COMMANDER'S ID	TOTAL PETTY CASH FUND	200.00	
		Shelby Starr, Lieutenant	78910			

Use previous editions until depleted

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## ANNEX F

### EXAMPLE OF STD. 439, DISBURSEMENT VOUCHER

STATE OF CALIFORNIA - FORMS MANAGEMENT CENTER			
<b>DISBURSEMENT VOUCHER</b>			PREPARE IN DUPLICATE
<small>STD. 439 (REV. 3/2002) (CHP Automated)</small>			
<small>DEPARTMENT</small>	<small>DIVISION</small>	<small>LOCATION</small>	<small>DATE</small>
California Highway Patrol	Golden Gate	360 Santa Rosa	12/31/2020
QUANTITY	ITEM	UNIT PRICE	AMOUNT
1	Money order	1.20	1.20
<small>PAID BY REVOLVING FUND</small>	<small>DATE</small>	<small>I hereby certify that the above goods and/or services were received by and necessary for use of the State of California and that quantity and quality are as indicated.</small>	<small>SUBTOTAL</small>
<small>CHECK NUMBER:</small>	12/31/2020		1.20
<small>PROGRAM / CATEGORY (CODE AND TITLE)</small>	<small>EMPLOYEE</small>		<small>SALES TAX</small>
<small>FUND TITLE</small>	<small>APPROVED</small>		<small>TOTAL</small>
Petty cash			\$1.20
<small>(OPTIONAL USE)</small>	<small>Receipt of the total amount herein shown is hereby acknowledged.</small>		
<small>ITEM</small>	<small>NAME OF FIRM</small>		
	United States Post Office - Santa Rosa		
<small>OBJECT OF EXPENDITURE (CODE AND TITLE)</small>	<small>SIGNATURE OF AUTHORIZED REPRESENTATIVE</small>		
<small>Std439_1208.pdf</small>			

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## ANNEX G

### ANNUAL FUND CONFIRMATION

State of California

Transportation Agency

#### Memorandum

Date: March 9, 2020

To: Commander

From: DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
Fiscal Management Section

File No.: 071.A16298.A00000.071

According to our records, your command has a petty cash fund, a change fund, or both. For funds of \$200 or less, the State Administrative Manual, Section 8111.2, requires an annual confirmation of the amount in the petty cash and/or change fund.

Please use the attached form to audit and confirm your command's petty cash and/or change fund for 2020. An employee, other than the custodian, must count and audit the fund. The form must be reviewed and approved by the commander and returned to the Accounts Payable Unit (APU) by May 29, 2020.

The form identifies the current custodian and amount on record of the petty cash fund. Total cash, receipts on hand, and any pending CHP 264s, Reimbursement – Petty Cash Request, must equal the total of the petty cash fund. Immediately report any overage or shortage to the APU, in accordance with Highway Patrol Manual (HPM) 11.2, Materials Management Manual, Chapter 2, Petty Cash and Change Fund, Section 10 (c) and (d).

The form also identifies the amount on record for the change fund. The total amount of cash identified by the employee assigned to perform the count and audit should equal the total amount of the change fund. Immediately report any overage or shortage to the APU, in accordance with HPM 11.2, Chapter 2, Section 10 (c) and (d).

If the commander or custodian has changed from what is reflected on the attached form, notify the APU immediately, in accordance with HPM 11.2, Chapter 2, Section 7.

Should you have questions or need assistance, please contact the APU, at (916) 843-3540.

C. JONES  
Commander

Attachment

*Safety, Service, and Security*  
CHP 51 (Rev. 03-11) OPI 078



*An Internationally Accredited Agency*

**DEPARTMENT OF CALIFORNIA HIGHWAY PATROL  
2020 ANNUAL CONFIRMATION AND RESPONSIBILITY  
OF PETTY CASH & CHANGE FUND**

Area # 125                      Area Name HUMBOLDT  
Custodian Name: S. SAMPLE

**PETTY CASH**

**CHANGE FUND**

**A. Cash on Hand:**

\$ \_\_\_\_\_

\$ \_\_\_\_\_

**B. Receipts on hand, not yet submitted:**

\$ \_\_\_\_\_ Date: \_\_\_\_\_

\$ \_\_\_\_\_ Date: \_\_\_\_\_

\$ \_\_\_\_\_ Date: \_\_\_\_\_

**C. CHP 264s submitted, not yet reimbursed:**

\$ \_\_\_\_\_ Date: \_\_\_\_\_

\$ \_\_\_\_\_ Date: \_\_\_\_\_

\$ \_\_\_\_\_ Date: \_\_\_\_\_

**D. Total Petty Cash Fund (A+B+C):**

\$ \_\_\_\_\_

**E. Approved Fund Level:**

\$200 \_\_\_\_\_

\$0 \_\_\_\_\_

**F. Audit Variance (D-E):**

\$ \_\_\_\_\_ (Should be zero)

\$ \_\_\_\_\_ (Should be zero)

\_\_\_\_\_  
Signature of Employee Performing the Count/Audit

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name, title, and ID number

\_\_\_\_\_  
Signature of Commander

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name and ID number

## ANNEX H

### EXAMPLE OF CHP 262, TRAVEL EXPENSE CLAIM

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL																					
TRAVEL EXPENSE CLAIM										DEPARTMENT California Highway Patrol		PAGE(S) 1 of 1									
CHP 262 (Rev. 3-11) OPI 071										<input type="checkbox"/> Relocation	<input type="checkbox"/> Out of State										
CLAIMANT'S NAME Gary Sample			I. D. NUMBER 52837		SOCIAL SECURITY NUMBER*				WORK TELEPHONE NUMBER (916) 111-1111												
POSITION Lieutenant			CB / ID NUMBER M05		DIVISION OR BUREAU Valley Division Investigative Services Unit				LOCATION CODE 212												
RESIDENCE ADDRESS* 1 Birdy Street					HEADQUARTERS ADDRESS 2555 First Avenue																
CITY, STATE, AND ZIP CODE Nature, CA 99900					CITY, STATE, AND ZIP CODE Sacramento, CA 99901																
1. MONTH/YEAR	2. DATE	3. TIME	4. LOCATIONS WHERE EXPENSES WERE INCURRED	5. LOGGING	6. MEALS			7. TRANSPORTATION				8. BUSINESS EXPENSE	9. TOTAL EXPENSES FOR DAY								
Mar/2020					BREAKFAST	LUNCH	O.T. LIT. NO. REQ. OR DINNER	INCIDENTALS	A. COST OF TRANS.	B. TYPE USED	C. TOLLS, PARKING	D. PRIVATE CAR USE MILES	AMOUNT								
5			Purchase of Access to UC recording device											123.00	123.00						
10. CLAIM TOTAL													123.00	123.00							
11. PURPOSE OF TRIP, REMARKS AND DETAILS (ATTACH RECEIPTS / VOUCHERS WHEN REQUIRED) 011111/2020: Funds used for payment to access to UC recording device (20-1111-7-18), payment for February.  Confidential Fund Expenditure - Code 500										12. NORMAL WORK HOURS 0600-1400			13. REGULAR DAYS OFF Saturday/Sunday			14. PRIVATE VEHICLE LICENSE NUMBER			15. MILEAGE RATE CLAIMED		
18. I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately-owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by S.A.M. Sections 0750, 0751, 0752, 0753, and 0754 pertaining to vehicle safety and seat belt usage.										<b>ACCOUNTING USE ONLY</b>						PAID FOR BY REVOLVING CHECK NUMBER					
										CLAIMANT'S SIGNATURE (blue ink only)			DATE			17. SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT			DATE		
16. SIGNATURE AND TITLE OF AUTHORITY FOR SPECIAL EXPENSES										DATE											

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# ANNEX I

## EXAMPLE OF CHP 155, CONFIDENTIAL FUND

STATE OF CALIFORNIA DEPARTMENT OF CALIFORNIA HIGHWAY PATROL		DISTRIBUTION: Original - Fiscal Management Section, Accounts Payable Unit Copy - Command										
<b>CONFIDENTIAL FUND</b> CHP 155 (Rev. 5-19) OPI 071												
COMMAND <u>Central Division</u>		LOCATION CODE <u>401</u>										
<b>INSTRUCTIONS:</b> This form is to be used to either provide the required monthly confirmation of the confidential fund, or the required notification of the change of custodian of the confidential fund. Please fill out the applicable section and forward to the Fiscal Management Section (FMS), Accounts Payable Unit, as required.												
<b>SECTION 1 - MONTHLY CONFIRMATION</b>												
Section 8111.2 of the State Administrative Manual requires monthly confirmation of confidential funds. The confidential fund is to be counted and audited by a person other than the fund custodian. Both the fund custodian and the auditor will sign the form and forward to the commander for review and approval. <b>Within five (5) days following the end of each month, the form shall be forwarded to FMS, Accounts Payable Unit.</b> In accordance with Highway Patrol Manual 81.1, Vehicle Theft Control Manual, Chapter 7, Informant Management and Confidential Funds, the confidential fund confirmation shall be recorded on the CHP 136D, Confidential Fund Ledger, as a separate entry and shall include the names or initials of the auditor and custodian, along with their identification numbers.												
DATE COUNTED <u>05/01/2019</u>		FOR MONTH/YEAR <u>April, 2019</u>										
Denomination	\$100	\$50	\$20	\$10	\$5	\$1 (Paper)	\$1 (Coin)	50¢	25¢	10¢	5¢	1¢
Quantity	<u>11</u>	<u>4</u>	<u>35</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Subtotal	<u>\$1,100.00</u>	<u>\$200.00</u>	<u>\$700.00</u>									
Cash (total from above): <u>\$2,000.00</u>												
Receipts/Outstanding Reimbursements: <u>\$0.00</u>												
<b>TOTAL: <u>\$2,000.00</u></b>												
<b>CUSTODIAN</b>												
PRINTED NAME <u>Mary Counter</u>		ID NUMBER <u>00222</u>	SIGNATURE									
<b>AUDITOR</b>												
PRINTED NAME <u>Ann Auditor</u>		ID NUMBER <u>11123</u>	SIGNATURE									
<b>COMMANDER REVIEW</b>												
PRINTED NAME <u>Michael Commander</u>		ID NUMBER <u>00227</u>	SIGNATURE									
<b>SECTION 2 - CHANGE OF CUSTODIAN</b>												
Prior custodian must prepare a final CHP 262, Travel Expense Claim, and upload it onto the Administrative Services Division Document Repository. The remaining confidential fund must be sent to the FMS Cashiering Unit, via a money order/cashier's check along with a CHP 155, Confidential Fund, with a notation to close out the confidential fund due to change of custodian, and e-mail sent to: <a href="mailto:chpaccountspayable@chp.ca.gov">chpaccountspayable@chp.ca.gov</a> .												
EFFECTIVE DATE OF TRANSFER <u>05/01/2019</u>		AMOUNT OF CONFIDENTIAL FUND										
TRANSFER FROM PRINTED NAME <u>Mary Counter</u>		ID NUMBER <u>00222</u>	SIGNATURE									
TRANSFER TO PRINTED NAME <u>Gate Keeper</u>		ID NUMBER <u>01234</u>	SIGNATURE									
COMMANDER REVIEW PRINTED NAME <u>Michael Commander</u>		ID NUMBER <u>00227</u>	SIGNATURE									
Destroy Prior Editions												
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