



SUBJECT: Month End Cash Reports
APPROVED BY: VP of Nursing and Chief Nurse
EFFECTIVE DATE: March 2014
REVIEW/REVISED DATE:

Purpose:

To provide staff with guidance for completion of month end cash reports.

Policy/Standard:

Assigned staff are expected to complete monthly cash report as outlined in the procedure of this document.

The Personal Care Attendant (PCA)/Clerk is responsible and accountable for the cash revenue and voucher disbursement transactions in the local facility.

Materials Required:

Report of Independent Check of Cash Balance- Appendix A
Record of Monthly Transfers of Cheques and Money Orders- Appendix B

Related Policies:

Not Applicable.

Procedure:

1. The PCA/Clerk is responsible to document that all monies that is received or spent in a facility.
2. The PCA/Clerk will document in the receipt book and disbursement book all the transactions in real time.
3. The PCA/Clerk will enter all transactions in the electronic daily in the electronic "Excel" program .The first entry of each month should be the "cash on hand" from the previous month.
4. Personal cheques will not be accepted as payment. Payments can be made by cash, or the Interac machine.

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5. The “Report of Independent Check of Cash Balance”(Appendix A) and the “Record of Monthly Transfers of Cheques and Money Orders”(Appendix B) are to be completed after the end of the month.
6. The PCA/Clerk and the Regional Nurse II, or designate, must sign the “Report of Independent Check of Cash Balance” before they are sent to the Accounting Clerk in the financial department.
7. The completed cash report must be sent to the Accounting Clerk in the appropriate financial office before the 10th day of the following month.
8. The Accounting Clerk is responsible to audit the forms once they are received and to communicate any errors or omission to the PCA/Clerk.

References:

Not Applicable.

Appendix A



Report of Independent Check of Cash Balance

Location: _____ Date of Check: _____

Details of cash and cheques on hand:

Cash:	_____ X	\$1.00	_____
	_____ X	\$2.00	_____
	_____ X	\$5.00	_____
	_____ X	\$10.00	_____
	_____ X	\$20.00	_____
	_____ X	\$50.00	_____
	_____ X	\$100.00	_____
Loose Coin:	_____ X	.01	_____
	_____ X	.05	_____
	_____ X	.10	_____
	_____ X	.25	_____
Cash Total:			_____
Cheques Total:			_____
Interac or Visa Total:			_____
Total			_____

Details of Cash Balance

Cash balance per monthly cash report for current month: _____

Receipts: _____

Minus Expenses(disbursement vouchers): _____

Cash Balance per books: _____

Cash Difference: Over/Short: _____

Signature of Cashier: _____ Signature of RNII: _____

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Appendix B



Monthly Transfer of Cheques and Money Orders

Nursing Station/Health Center _____ Date _____

Cheques (Individually)			
Name	Amount	Name	Amount
Total Cheques			
Money Orders (list individually)			
Total Money Orders			
Grand Total			

SIGNATURE _____

Note: Please do not send cash through mail, please enclose cheques and money orders with listing in separate envelope and sent to controller's office, do not include disbursement vouchers with this – send along with your cash report.