HOSPITAL CASH RECORD AND FUND CONTROL

Sheet No. _____

Month of _____ 19____

Prescribed by State Board of Accounts.

_____ FUND

Form GH-4 (1950)

RECEIPTS					DISBURSEMENTS									
Date	No.	Explanation	✓	Amount	Date	Warrant No.	Name	Bank	✓	Amount	Fund Balance	Summary	Amount	
												Balance Beginning of Month		
												Total Receipts this Month		
												Total		
												Disbursements this Month		
												Balance End of Month		
												Balance Per _____		
												Difference		
												Reconcilement:		