



PETTY CASH ACTION FORM

Please type in the fields and then print to sign
ALL fields are required unless otherwise stated

Petty Cash Fund Number

SECTION 1: TYPE OF REQUEST

| | | | | |
|-----|---------|-------|---------------------|---------------|
| New | Re-open | Close | Increase / Decrease | Update/Modify |
|-----|---------|-------|---------------------|---------------|

SECTION 2: DEPARTMENT INFO

| | | |
|---|-----|-----|
| Department Name: | CRC | MED |
| Address: | | |
| Departmental Accounting Code (Cost Object): | | |

SECTION 3: FUND DETAILS

| | | | |
|-----------------------------|-------------------------|-------------|-------------------------------|
| Type of Fund: | Petty Cash | Change Fund | If applicable, fund end date: |
| New Fund Request Amount: \$ | OR if Increase/Decrease | | Current Amount of Fund: \$ |
| Method of securing funds: | Safe | Lockbox | Revised Amount of Fund: \$ |

SECTION 4: Purpose of fund (Explain need for petty cash/change fund, include description of all anticipated expenses. If requesting changes to an existing fund, please justify.

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SECTION 5: AUTHORIZED SIGNATURES

Employees listed below are authorized to replenish petty cash as of the date approved below. Primary authorized signer MUST be a Dean, Director or Department Head and cannot be the custodian of the fund. PLEASE NOTE: To change the custodian of the fund you must close and re-open.

| | BU ID | Name: Last, First | Signature | Email & Phone |
|--------------------------------|-------|-------------------|-----------|---------------|
| Custodian (Required) | | | | |
| Alternate (optional) | | | | |
| Alternate (optional) | | | | |

| | Printed Name | Signature | Date |
|---|--------------|-----------|------|
| Primary Authorized Signer (Required) | | | |

Return this form to: Office of the Comptroller, Cashier Services, 25 Buick Street, Suite 130. For new fund requests, we will notify the custodian when a decision is made regarding the establishment of a new fund.

SECTION 6: COMPTROLLER'S OFFICE - CASHIER APPROVAL

Approved by: _____ Date: _____
Cashier Services