



# Request for Petty Cash & Authorized Signature Form

Petty Cash Fund Number  
101 - - 0

**This form supersedes all prior forms covering petty cash authorized signatures.**

Please complete all parts of this form (unless otherwise indicated) and return to the appropriate address (listed at the bottom of this form).

**Part A**

Department Name:   
 Address:

Unit		Dept		Obj		Source
	-		-		-	

Departmental Accounting Code:

New Fund Amount:  **or** Increase/Decrease Amount:

Purpose of fund or reason for change:

**Part B**

**Petty Cash Required Action**  
(Please check all that apply)

<input type="checkbox"/>	- Re-open Existing Fund	
<input type="checkbox"/>	- Open New Fund	
<input type="checkbox"/>	- Close Existing Fund	(Part C not required)
<input type="checkbox"/>	- Decrease Fund	(Part C not required)
<input type="checkbox"/>	- Increase Fund	(Part C not required)
<input type="checkbox"/>	- Update Authorized Signature Form*	

\* - To change the Custodian of the fund you must close and then reopen the fund.

**Part C**

The employees listed below are authorized to replenish petty cash as of the above date.

	Employee ID Number	Name: Last, First, Initial	Signature	E-Mail Address and Phone Number
Custodian				
Alternate				
Alternate				

**Part D**

The primary authorized signature must be a Dean, Director or Department Head and cannot be the custodian of the fund. However, the primary authorized signer may authorize petty cash transactions in the absence of the custodian.

	Printed Name	Signature	Date
Primary Authorized Signer			

Return this form to: Office of the Comptroller, University Cashier, 881 Commonwealth Avenue, 4<sup>th</sup> Floor. For new fund requests, we will notify the petty cash fund custodian when a decision is made regarding the establishment of a new fund.

CASHIER USE ONLY:  Approved  Denied Date: \_\_\_\_\_ By: \_\_\_\_\_