



# PETTY CASH ACTION FORM

Petty Cash Fund Number

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

### SECTION 1: TYPE OF REQUEST

New	Re-open	Close	Increase / Decrease	Update/Modify
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### 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.

### 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
<b>Custodian</b> (Required)				
<b>Alternate</b> (optional)				
<b>Alternate</b> (optional)				

	Printed Name	Signature	Date
<b>Primary Authorized Signer</b> (Required)			

Return this form to: Office of the Comptroller, Cashier Services, 881 Commonwealth Avenue, Lower Level. 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