



Request is made to establish a Petty Cash Fund. Both the Financial/Business Administrator and Custodian named below agree to comply with University policies and procedures for Petty Cash Funds.

PETTY CASH ACTION FORM

Part I ESTABLISH FUND

Statement of Purpose:

Department Name _____ Location of Funds (Room# and Building) _____

Amount Requested _____ Fund/Cost Center/WBSE _____

Research Account: Yes No IRB Protocol # _____ SSN will be collected: Yes No

Account Type: Cash Gift Cards Non-Cash Incentives (Provide justification in Statement of Purpose)

Print Custodian Name _____ Telephone# _____ SAP # _____ E-mail Address _____

Print Financial/Business Administrator Name _____ Telephone# _____ SAP # _____ E-mail Address _____

Part II CHANGES

Please make the following changes for _____ Fund/Cost Center/WBSE. A Petty Cash Replenishment Report is attached.

Increase amount of fund	Decrease amount of fund
Change in Administrator or Custodian (Requires <i>Form PC-2</i>)	Other

Prior Information: _____ New Information: _____

Prior Information: _____ New Information: _____

Explanation: _____

Part III CLOSE ACCOUNT

Please close Petty Cash Fund for _____ Fund/Cost Center/WBSE. A Petty Cash Replenishment Report is attached.

APPROVAL REQUIRED TO ESTABLISH, CHANGE, OR CLOSE FUND:

_____ Custodian Signature	_____ Date	_____ Financial/Business Administrator Signature	_____ Date
_____ Department Head Signature	_____ Date	_____ Principal Investigator Signature if Grant Fund	_____ Date

Treasurer's Office Use Only

_____ Vice Chancellor for Finance Signature	_____ Date	_____ Processed in Treasurer's Office by	_____ Date
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Submit completed form to the Treasurer's Office for Vice-Chancellor signature and processing, slot 560.