



## 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

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### 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: \$
			Revised Amount of Fund: \$
Method of securing funds:	Safe	Lockbox	

### 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
<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