

## PETTY CASH FUND APPROVAL FORM

*All applicable parts on all pages of this form must be completed and signed in order to establish, amend or close a petty cash fund or to replace the custodian.*

### 1. REQUEST FOR APPROVAL to (*check applicable boxes*):

☐ Establish a fund    ☐ Amend a fund    ☐ Close a fund    ☐ Replace the custodian

Location: .....
Why necessary: ..... .....
Proposed amount of fund:  \$ ..... Justification: ..... ..... ..... .....
Proposed maximum value of single transactions using the fund:  \$ ..... Justification: ..... ..... ..... .....
Proposed <input type="checkbox"/> temporary custodian or <input type="checkbox"/> permanent custodian ( <i>check one</i> ) to sign:  I certify by my signature that: I have read Financial Administration Manual Policy 1706 - <i>Accounting for Petty Cash</i> and will adhere to its requirements; I will be personally responsible for petty cash and all related documentation placed in my care; and, I understand that, at the discretion of the Comptroller General, I may be required to repay to the Government any petty cash lost due to my own negligence.  Name: .....  Position: .....  Signature: ..... Date: .....

Existing custodian to sign if custodian is to be replaced or fund is to be closed:

I certify by my signature that the following items make up the petty cash fund at transfer (to new custodian) or at closing of the fund:

Cash on hand \$ \_\_\_\_\_

Receipts and verifications  
(list and detail - see Directives 4.3.1, 4.4 and 4.6.5)

Total receipts and verifications \$ \_\_\_\_\_

Total fund \$ \_\_\_\_\_

Name: .....

Position: .....

Signature: ..... Date: .....

Program Manager or Regional Superintendent responsible for the fund replenishment budget:

Name: .....

Division: .....

Department or Program: .....

Signature: ..... Date: .....

Director of Finance (or equivalent)

Name: .....

Signature: ..... Date: .....

**2. APPROVAL OF PETTY CASH FUND, CUSTODIAN, AMENDMENT OR CLOSURE**

Approval to be signed by:

Assistant Comptroller General  
Accounting Services  
Department of Finance

Name: .....

Position: .....

Signature: ..... Date: .....

**3. APPOINTMENT OF PETTY CASH CUSTODIAN**

New custodian to sign below upon appointment or upon amendment of petty cash fund amount:

I hereby acknowledge receipt of cash and disbursement documents totaling \$ .....  
the approved amount of the petty cash fund.

Name: .....

Position: .....

Signature: ..... Date: .....