PETTY CASH AND CHANGE FUND
AUTHORIZATION FORM

Department Name: ____________________________________________
Location: ___________________________________________________

1. Fund type requested:
   - Change Fund [ ]
   - Petty Cash Fund [ ]

   For petty cash fund:
   - Have you read the Purchasing with Petty Cash Funds Policy? YES [ ] NO [ ]
   - Describe the expected types of purchases: ________________________________
   - Anticipated monthly dollar level of petty cash purchases? ___________________________

2. Fund No. or FAST Index: ________ Financial Manager:__________________________

3. Fund amount requested: ________

4. Describe the physical storage device to be used to secure the fund (vault, locked metal box within a locking cabinet, etc.):
   ________________________________________________________________

5. Name and position of custodian of the fund: ________________________________

   I certify that I have read and will comply with the following policies and any related procedures: Purchasing with University Funds; Authorizing and Maintaining Petty Cash and Change Funds.

   Financial Manager Signature ___________________ Phone ______ Date ______

   Custodian Signature __________________________ Phone ______ Date ______

   Bursar Use Only

   Comments: _________________________________________________________

   APPROVED: [ ] NOT APPROVED: [ ]
   Reason: _____________________________________________________________

Approved 7/18/05 FORM-U5351.12A Petty Cash & Change Fund Authorization Form