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