

**Business Services  
 Petty Cash or Change Fund Action Form**

**Fund Type:**       Petty Cash Fund       Change Fund

|                          |                                                 |                                              |
|--------------------------|-------------------------------------------------|----------------------------------------------|
| <b>Action Requested:</b> | <input type="checkbox"/> Initial Fund Request   | Date needed: _____                           |
|                          | <input type="checkbox"/> Increase Request       | Date needed: _____                           |
|                          | <input type="checkbox"/> Decrease/Returned Fund | Returned on: _____                           |
|                          | <input type="checkbox"/> Fund Carryover         | Fiscal Year: July 1, _____ to June 30, _____ |
|                          | <input type="checkbox"/> Cashier's office only  | _____                                        |

**Amount:** \_\_\_\_\_      **Location of Fund:** \_\_\_\_\_  
Building & Room Number

**Fund Custodian:** \_\_\_\_\_

**Contact email:** \_\_\_\_\_      **Phone:** \_\_\_\_\_

**Department:** \_\_\_\_\_      **WISDM Account:** \_\_\_\_\_

**Purpose for Action** (include event name and dates if applicable): Format XXX-X-XXXXXX

*This cash fund is entrusted to the department, and I am personally responsible for the accounting of these funds and/or the return of these funds. I have read and understood the Petty Cash Fund and/or Change Fund Policy.*

**Fund Custodian Signature:** \_\_\_\_\_

**Department Approval:** \_\_\_\_\_      **Date:** \_\_\_\_\_

**WISDM Manager Approval:** \_\_\_\_\_      **Date:** \_\_\_\_\_

|                                 |  |                    |                          |                       |  |
|---------------------------------|--|--------------------|--------------------------|-----------------------|--|
| <b>Business Services:</b> _____ |  | <b>Date:</b> _____ |                          | <b>Account:</b> _____ |  |
| <b>Receipt of Funds:</b>        |  |                    | <b>Return of Funds:</b>  |                       |  |
| Check # _____                   |  | Date: _____        |                          | Amount: _____         |  |
| Date: _____                     |  | Date: _____        |                          | Date: _____           |  |
| <b>Signatures:</b>              |  |                    | <b>Signatures:</b>       |                       |  |
| Received by: _____              |  |                    | Returned by: _____       |                       |  |
| Business Services: _____        |  |                    | Business Services: _____ |                       |  |