

Business Services

Petty Cash or Change Fund Action Form

Fund Type: ☐ Petty Cash Fund ☐ Change Fund

Action Requested:	☐ Initial Fund Request	Date needed: _____
	☐ Increase Request	Date needed: _____
	☐ Decrease/Returned Fund	Returned on: _____
	☐ Fund Carryover	Fiscal Year: July 1, _____ to June 30, _____
	☐ Cashier's Office only	_____

Amount: _____ **Location of Fund:** _____

Fund Custodian: _____ Building & Room Number

Contact email: _____ **Phone:** _____

Department: _____

Workday Account: _____

Format: Fund (6) - Cost Center (8) - Driver (11) - Function (6) - Account Code (4) - Program Code (5) - Revenue/Spend Category (7)

Purpose for Action (include event name and dates if applicable):

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:** _____

Workday Cost Center Manager Approval: _____ **Date:** _____

Business Services: _____ **Date:** _____ **Account:** _____

Receipt of Funds:

Check # _____ Date: _____

Signatures:

Received by: _____

Business Services: _____

Return of Funds:

Amount: _____ Date: _____

Signatures:

Returned by: _____

Business Services: _____