

Business Services Petty Cash or Change Fund



Action Form

Fund Type: Petty Cash Fund Change Fund

Action Requested:	<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: _____ Dept. Account: _____

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: _____

Dean/Director Approval: _____ Date: _____

Business Services: _____ Date: _____ Account: _____	
Receipt of Funds:	Return of Funds:
Check # _____ Date: _____	Amount: _____ Date: _____
Received by: _____	Verified by: _____
Signature: _____	