

**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: _____ **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:** _____

Business Services: _____		Date: _____		Account: _____	
Receipt of Funds:			Return of Funds:		
Check # _____ Date: _____			Amount: _____ Date: _____		
Signatures:			Signatures:		
Received by: _____			Returned by: _____		
Business Services: _____			Business Services: _____		