

## Request for Petty Cash Fund or Change Fund

Before a Petty Cash Fund is established, this form must be completed. Please see the Petty Cash/Change Fund Procedures for guidance. If the request is accepted, a check for the approved amount will be made payable to the Petty Cash or Change Fund Custodian. Once established, the fund can be replenished using a Petty Cash Reimbursement Request form.

Custodian Name: \_\_\_\_\_ Department Name: \_\_\_\_\_

Total Dollar Amount Requested: \_\_\_\_\_ Type of Fund:  Petty Cash Fund  Change Fund  
(see Petty Cash/Change Fund Procedures for dollar amount guidelines)

Purpose of Fund (if requesting Petty Cash Fund over \$200 provide reason a fund of lesser amount would require replenishment more than once a month): \_\_\_\_\_

Physical Location of Fund: Building: \_\_\_\_\_ Department: \_\_\_\_\_ Room: \_\_\_\_\_

Means of safekeeping (e.g. safe, vault, locked cash box): \_\_\_\_\_

Mail (Provide Address)

Custodian Pick-up (Must present ID before check will be released)

If Change in the Amount of Fund: Previous Amount: \_\_\_\_\_ New Amount: \_\_\_\_\_

***I certify that this Petty Cash or Change Fund will be administered in accordance with the Policies and procedures of HSU and with the educational mission of the University. By signing below, I certify that I have read and will comply with the Petty Cash/Change Fund requirements.***

Name of Custodian (Print): \_\_\_\_\_ Title of Custodian: \_\_\_\_\_

Signature of Custodian: \_\_\_\_\_ Date: \_\_\_\_\_

Address for Check if Applicable: \_\_\_\_\_

Phone Number: \_\_\_\_\_ HSU ID# \_\_\_\_\_

### Approval:

Department Head Name: \_\_\_\_\_ Department Head Signature: \_\_\_\_\_

Director of Finance Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If Change Fund greater than \$500, date approved by Department of Finance: \_\_\_\_\_

**A/P Use Only:** Check processed to custodian: \_\_\_\_\_  
A/P Tech Signature \_\_\_\_\_ Date \_\_\_\_\_

Chartfield: Fund: \_\_\_\_\_ Department: \_\_\_\_\_

Copy to Cashiers