

CASH FUND ACTION FORM

TYPE OF CASH FUND

- Petty Cash
- Change Fund

ACTION REQUESTED

- Request for new fund Decrease existing fund
- Increase existing fund Close existing fund

PURPOSE OF FUND (include example of use and anticipated frequency of use)

FUND SECURITY (Please check all that apply)

- Fund access limited to one person (REQUIRED) Fund is/will be kept in locked room with limited access
- Fund is/will be kept in locked cash box Fund is/will be kept in safe or vault with limited access
- Fund is/will be kept in locked desk/file cabinet Other (specify):

Specific location of fund (country, building, room no., etc.):

TOTAL FUND AMOUNT
Amount Requested:

\$ _____ <-Enter the total amount of fund requested.

Increase fund by:

\$ _____ <-Enter requested change to existing fund.

Amount Authorized:

\$ _____ <-Enter maximum amount authorized.

Decrease fund by:

\$ _____ <-Enter requested change to existing fund.

RESPONSIBLE FUND and ORG

_____ Fund _____ Org

Petty Cash Maximum Single Disbursement Amount: \$ _____

FUND FIDUCIARY

_____ Last Name _____ First Name _____ MI _____ Employee #

_____ Department _____ Bldg. & Room No. _____ Telephone Number/Extension

The Fund Fiduciary and Financial Manager hereby agree:

"The cash fund described above is/will be maintained in accordance with University Policy and Procedure. Any change in fund status, including loss or theft of funds, will be reported immediately to Financial and Accounting Services."

_____ Fund Fiduciary (Print or Type Name & Title) _____ Signature _____ Date (MM/DD/YY)

_____ Financial Manager (Print or Type Name & Title) _____ Signature _____ Date (MM/DD/YY)

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FAS Approval

Date Approved
(MM/DD/YY)

Account #