



### Petty Cash Request

Fund Custodian Name: \_\_\_\_\_ Banner ID #: \_\_\_\_\_

Department Name: \_\_\_\_\_ Office Phone: \_\_\_\_\_

Office Address: \_\_\_\_\_ Email Address: \_\_\_\_\_

Amount Requested: \_\_\_\_\_ Banner Fund #: \_\_\_\_\_ Org #: \_\_\_\_\_

Purpose of the fund: \_\_\_\_\_

For disbursement funds:

Participant Amount \_\_\_\_\_ x Approx. number of participants \_\_\_\_\_ x Approx. number of weeks \_\_\_\_\_

Plan to safeguard the funds\*: \_\_\_\_\_

\* must be kept in a safe, secure place in a lockable container

Disbursement Location: \_\_\_\_\_

Time period the funds will be used: Beginning Date: \_\_\_\_\_ Ending Date: \_\_\_\_\_

Names of persons using the fund: \_\_\_\_\_

**In making this petty cash request I understand and agree to the following:**

- I understand I am the assigned fund custodian.
- I am responsible for full compliance with all University policy and procedures relating to petty cash and funds handling. See Petty Cash Change Fund Procedure and University Funds Handling Policy.
- I am responsible for submitting the appropriate supporting documentation/log(s) to Accounting Services to reimburse the petty cash fund promptly and in full.
- I authorize any outstanding fund amount to be deducted from my paycheck in accordance with the Petty Cash Change Fund Procedures.

Fund Custodian Signature \_\_\_\_\_ Date: \_\_\_\_\_

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Department Head Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Head Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Sponsored Programs and Grants Management: \_\_\_\_\_ Date: \_\_\_\_\_

**Return completed form to the Controller's Office. Please allow 7 – 10 days for your request to be processed.**

Controller's Office Approval: \_\_\_\_\_ Date: \_\_\_\_\_