ROCHESTER Petty Cash Fund Request

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Custodian of Fund:					
Title:	(please print)				
Mailing Address:			Phone #:		
Department Name:			_		
Location of Petty Cash Fu		ilding and Room			
	Safe or Lo	ocked File Cabine			
Transactions will be charg	ged to:				
New Petty Cash Fu	nd Amount Requ	uested: \$		-	
Petty Cash Fund Inc	crease Original A	mount: \$	New Amount:	\$ -	
Petty Cash Fund De	ecrease Original A	mount: \$	New Amount:	\$ -	
Please Terminate P	Petty Cash Fund (attach o	riginal deposit re	eceipt)		
Change of Custodia	an: Current: (please print)		New:(please print)		
Business purp fund or reas increase/(decr	son for				
Requestor (print)	Requestor Title	Phone	Requestor Signature	Date	
Approver (print)	Chair or Administrator	Phone	Approver Signature	Date	
Reviewed By (Finance Offic	ce):		Fund Acct. # (for	`	

Please sign and mail to: Douglas Wylie, Controller, Box 278958

If you have any questions regarding this form, please contact Jim Dobbertin, Deputy Controller, 585.275.3476

Petty Cash Policy on the Finance web site: http://www.rochester.edu/adminifinance/finance/pettycash.htm