



Petty Cash Fund Request

Custodian of Fund _____
(please print)

Title _____

Mailing Address _____ Phone # _____

Department Name _____ FRS Div/Dept. # _____

Location of Petty Cash Funds: Building and Room # _____
Safe or locked file cabinet _____

Transactions will be charged to (account#'s) _____

New Petty Cash Fund Amount Requested _____

Petty Cash Fund increase orig. amt. _____ new amt. _____

Petty Cash Fund decrease orig. amt. _____ new amt. _____

Please terminate petty cash fund (attach original deposit receipt)

Change of Custodian: Current _____ New _____
(please print) (please print)

Business purpose of fund or reason for increase/(decrease):

Requested by:

Approval of Chair or Administrator

(please print)

(please print Name & Title)

(please sign) Date

(please sign) Date

Finance Department approval

(please sign) Date

PC Fund Acct. #
(for Finance use only)

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

If you have any questions regarding this form, please contact Judy Emory-Clark, Assoc. Controller, 275-3476
Petty Cash Policy on the Finance web site: <http://www.rochester.edu/adminifinance/finance/pettycash.htm>