UWSP Change Fund/Petty Cash Fund Request Form

Prepare in Duplicate: Original - Payment Services, 041 East, Main; Duplicate - Fund Custodian

Payment Services Use Only!

_____ Permanent Fund _____Temporary Fund _____
Custodian Name

_____ Semester Fund ___/___/___Repayment Date _____Check Number ___/___/___ Date

Request Date: Fund Amount Requested: $

Closure Date:

Type of Fund: ☐ Petty Cash ☐ Change Fund ☐ Special (One-time Fund)

Purpose of Fund:

Use of Fund:

Location/Security: (Lock box, safe, etc.):

Dept. Name:

Fund Custodian:

Reset Form

Fund Custodian Agreement:

- ***I understand the University will hold me personally liable if a shortage is discovered in the Change/Petty Cash Fund under my control. Evidence of forced entry for losses occurring after adequate precautions have been taken must be reported to Protective Services and Safety & Loss Control Offices.***
- ***I have received a copy of the University's 16 Point Minimum Standards (see Cash Handling policy) for Cash and Cash Handling and agree to abide by them.***
- ***FUND REPAYMENT INFORMATION: I will submit the required Receipts and/or signatures to substantiate expended amounts or I will repay by cash or check the unused funds at fund termination. CONTACT PAYMENT SERVICES at Ext. 2052 for assistance in repaying or closing out the fund.***

_____
Signature of Fund Custodian Date

Custodian Address Phone Number

Budget Director Approval:_____
Signature Date

Payment Services Approval:_____
Name Date

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Payment Services --- Repayment Information				
Date				
Amount				
Open Balance				

Custodian Vendor #_____