



Petty Cash Fund Request

Custodian of Fund: _____
(please print)

Title: _____

Mailing Address: _____ Phone #: _____

Department Name: _____ Div/Dept. #: _____

Location of Petty Cash Funds: _____ Building and Room #: _____

Safe or Locked File Cabinet: _____

Transactions will be charged to: _____

New Petty Cash Fund Amount Requested: \$ _____ -

Petty Cash Fund Increase Original Amount: \$ _____ - New Amount: \$ _____ -

Petty Cash Fund Decrease Original Amount: \$ _____ - New Amount: \$ _____ -

Please Terminate Petty Cash Fund (attach original deposit receipt)

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

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

Requestor (print) Requestor Title Phone Requestor Signature Date

Approver (print) Chair or Administrator Phone Approver Signature Date

Reviewed By (Finance Office): _____

PC Fund Acct. # (for Finance use only):

Please sign and mail to: Karen Sodoma, Sr. Associate Controller, Box 278958

If you have any questions regarding this form, please contact GeneralAccounting@UR.Rochester.edu.

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