

Establish New Fund

Fund Decrease to existing

REQUEST FOR:

PETTY CASH/CHANGE FUND REQUEST FORM

Fund Increase to existing

Change of Custodian and/or Fund Sponsor

Please complete the following to request a new petty cash/change fund, to request an increase or decrease in the authorized amount or to change the custodian and/or fund sponsor of an existing petty cash/change fund, and to request to close an existing petty cash/change fund. Send to fsgen@ou.edu. Sections 1, 5 and 6 should be completed for all requests.

Close Existing Fund SECTION 1: GENERAL INFORMATION - To be completed for all requests **CUSTODIAN:** NAME **EMPLID** DEPARTMENT/COLLEGE CONTACT EMAIL **FUND SPONSOR:** NAME **EMPLID** DEPARTMENT/COLLEGE CONTACT EMAIL **CHARTFIELD SPREAD:** FUND ORG **FUNCTION** ENTITY SOURCE **PROJECT** PURPOSE SECTION 2: ESTABLISH NEW PETTY CASH/CHANGE FUND - To be completed only if requesting the set up of a new fund PURPOSE OF FUND: In the lines above, please include the reason the fund is needed and a brief description of its intended use. For petty cash fund requests, please be sure to include examples of the types of purchases and vendors that are expected to be used by the fund. **LENGTH TYPE:** Permanent Temporary If Temporary, Expected Date of Return REQUESTED AMOUNT: REASON FOR AMOUNT: In the lines above, please include the reason and rationale used to determine the amount requested. The more specific information that can be provided to help support the requested amount the better. ANTICIPATED FREQUENCY Weekly Monthly Seasonal Other OF USE: In the lines above, provide any additional explanation or information regarding expected frequency of use. LOCATION OF FUND: Please include the physical address and also the building and room location of where the cash will be held. DEPARTMENTAL SAFEGUARDING CONTROLS:



SECTION 3: CHANGE AN EXISTING PETTY CASH/CHANGE FUND

To be completed when requesting an increase or decrease in the authorized amount and to change the custodian and/or fund sponsor

REQUEST TO:	Increase fund amount			
	\$ Additional Amount Requested			
		In the lines above, please provide justification and rationale used to determine the additional amount requested. If the reason is due to changes in your departmental needs, please provide examples.		
	Decrease fund amount			
	\$ Decrease Amount Requested			
	Cash Receipt #	In the lines above, please provide justification and rationale used to determine the decrease amount requested. If the reason is due to changes in your departmental needs, please provide examples.		
	Change Custodian			
	NAME OF NEW	EMPLID OF NEW	DEPARTMENT/COLLEGE	CONTACT EMAIL OF NEW
	Change Fund Sponsor			
	NAME OF NEW	EMPLID OF NEW	DEPARTMENT/COLLEGE	CONTACT EMAIL OF NEW
SECTION 4: CLOSE AN EXISTING PETTY CASH/CHANGE FUND - To be completed when requesting to close an existing petty cash or change fund				
CASH RECEIPT # IN PS:		_		
AMOUNT DEPOSITED:	\$	_		
	In the lines above, please provide a brief description of the reason for closing the fund.			
SECTION 5: DEPARTMENT ADMINISTRATIVE APPROVAL - To be completed by department before submission.				
By signing this request, I acknowledge that I have received and read the University of Oklahoma Petty Cash/Change Fund Policy and I agree to administer this fund in accordance with that policy. I understand that it is my responsibility to safeguard and maintain this fund and that if I do not follow the policy I will lose the ability to remain a custodian/fund sponsor and the fund is subject to being closed.				
	CUSTODIAN SIGNATURE		DATE	-
	FUND SPONSOR SIGNATURE		DATE	-
SECTION 6: FINANCIAL SERVICES APPROVAL				
Will be completed by FS after form is submitted. The signed/completed copy will be emailed to the custodian and fund sponsor to be kept on file with the department.				
	PETTY CASH/CHANGE FUND OFFICER SIGNATION	URE	DATE	_