

PETTY CASH/CHANGE FUND ACTION FORM

Instructions: Complete this form and submit original to the Associate Vice President for Finance and Administration for review and approval (MS1200). Once approved, the form will be scanned and emailed to the requesting department and copied to Accounts Payable. Disapproved forms will be returned to the requesting department.

I. ESTABLISH FUND

Request is made to establish a Petty Cash Fund ____
 Request is made to establish a Change Fund ____

Both the Budget Authority (dean, department chair, or supervisor) and Fund Custodian named below agree to comply with University policies and procedures for Cash Funds as stated in BSU policy 6010-C.

Statement of Purpose:

Amount Requested: _____ Date for Petty Cash/Change Fund Closure _____ Location of Funds (Rm/ Bldg) _____

FUNDING SOURCE TO CHARGE IN THE EVENT OF LOST/STOLEN/MISUSED FUNDS:

Custodian Name (PRINT): _____ Ph# _____ Fax: _____

Employee ID# _____ Dept. Name: _____

Custodian Signature: _____ **Date:** _____

Authorizer Name (PRINT): _____

II. MAKE CHANGES TO PETTY CASH/CHANGE FUND

____ Increase amount of fund

____ Decrease amount of fund

____ Change in Administrator or Custodian

Petty Cash/Change Fund # _____

____ Other: _____

Prior Information: _____ New Information: _____

Prior Information: _____ New Information: _____

Explanation:

Custodian Signature: _____ **Date:** _____

Authorizer Name (PRINT): _____

Authorizing Signature: _____ **Date:** _____

III. CLOSE FUND ACCOUNT

Petty Cash/Change Fund # _____

Custodian Signature: _____ **Date:** _____

Authorizing Signature: _____ **Date:** _____

VICE PRESIDENT APPROVAL REQUIRED TO ESTABLISH, CHANGE OR CLOSE PETTY CASH/CHANGE FUND

AVP or VP Finance and Administration

Date