



Form 2815 FR.03
Request for Petty Cash Fund

Revised 5/15/2017

Department: _____	Date: DD-MON-YYYY _____	Petty Cash – Change Box Departments may request a petty cash Fund for the purpose of making change at a retail sales unit or medical clinic. Describe:
New Custodian Name: _____	New Fund	
Email Address: _____	Increase of Fund	
Phone: _____	Change of Custodian	
	Exiting Custodian's ID/Vendor Number: _____	

Distribution Code									
Yale Designated	Grant	Gift	Cost Center	Program	Project	Spend / Revenue Category	Ledger Account	Location	Assignee

Building name and address where the funds will be located: (check will be delivered to this location)		Room number:	Department:
Describe how the funds will be secured in the space below: (locked, fireproof, immovable, etc.)		Requested dollar amount:	Phone:
Authorizer's name:	Authorizer's signature/date:		The authorizer certifies that the request for a Petty Cash Fund is for the purpose of University business and is in compliance with Yale policies and procedures.
New custodian's signature/date:			
Exiting custodian's name:	Exiting custodian's signature/date:		

For Internal Use Only	
Approved by Treasury Services – Signature/Date:	Date first check issued by A/P:
	New custodian ID/Vendor #: