Instructions for Using the Request for Petty Cash Fund Form

PURPOSE OF THE FORM

1. Departments requiring the establishment or an increase to a petty cash fund must submit a Request for Petty Cash Fund form.
2. The form must also be used whenever a new custodian is named to an existing petty cash fund.
3. The completed form must be authorized by the Department Administrator or Business Manager and submitted to Department of Treasury Services:

CUSTODIAN INFORMATION

Enter the following information in the spaces provided:

- Department which is requesting the Petty Cash Fund
- Name, telephone number, and email address of the new custodian.

PURPOSE OF THE REQUEST

- In the Date field, enter the date the form was completed, in the format DD MON YYYY (e.g. 23 APR 1999).
- Check the box at the top of the form to indicate whether the form is being used to request a new fund, increase an existing fund or change the custodian of an existing fund.
- If changing a custodian, enter the exiting custodian's ID/Vendor number.

REASON FOR THE FUND

- Check the box (es) that indicate the business purpose or reason for the requested fund.

FUND DETAILS

Enter the following information in the spaces provided:

- The PATEO distribution code to indicate how to charge the fund.
- The actual physical location where all monies will be kept: building name, address, and office room number. **Note that all replenishment checks will be delivered to the location indicated in this field**.
- Description of how and where the funds will be secured; locked, fireproof, etc.
- Requested dollar amount of the fund.

SIGNATURES

- Enter the name, department, and phone number of the authorizer (Business Manager or Department Administrator) who is responsible for approving the request.
- Both the authorizer and the custodian named in the header must sign and date the form.
- If the form is being used to change the custodian of an existing fund, enter the name of the exiting custodian, and obtain a dated signature if possible.

SUBMITTING THE FORM

- Send copies of the form to Treasury Services at:
  - Central – 2 Whitney Ave, 1st Floor, P.O. Box 208231
  - Medical School - 333 Cedar Street, SHMI100
- When the request is approved, Treasury Services will send a copy of the request to Accounts Payable.