



*This form is used to establish or update custodian information for a department petty cash or change fund. Please complete this form in its entirety, obtain appropriate signatures, and submit the original to the Accounting Services, Extended Zip 0042.*

**Department Custodian Information**

Department Name: _____	Department ID: _____
Custodian Name: _____	Employee ID: _____
Contact Phone: _____	Email Address: _____

**Action Requested**

<input type="checkbox"/> Establish a New: <input type="checkbox"/> Petty Cash Fund <input type="checkbox"/> Change Fund For the amount of: \$ _____	<input type="checkbox"/> Increase/Decrease an Existing: <input type="checkbox"/> Petty Cash Fund <input type="checkbox"/> Change Fund From \$ _____ to \$ _____
<input type="checkbox"/> Close an Existing: <input type="checkbox"/> Petty Cash Fund <input type="checkbox"/> Change Fund In the amount of: \$ _____	<input type="checkbox"/> Change of Custodian <input type="checkbox"/> Petty Cash Fund <input type="checkbox"/> Change Fund Current Custodian Name _____ <i>(Provide new custodian information in section above.)</i>

**Authorization**

*I hereby authorize the employee indicated above as custodian of the Petty Cash or Change Fund for the amount specified. I understand that the custodian is personally responsible for these funds. Transfers of custody will only be accomplished after 1) Personal audit of the fund has been made by the employees concerned as 2) a receipt has been given.*

Custodian Signature: _____	Date: _____
Approving Official Name: _____	Phone: _____
Approving Official Signature: _____	Date: _____

**Accounting Use Only**

Accounting Officer Signature: _____	Date: _____
Funds Received By: _____	Date: _____