

Petty Cash Request

Fund Custodian Name: _____ Banner ID #: _____

Department Name: _____ Office Phone: _____

Office Address: _____ Email Address: _____

Amount Requested: _____ Banner Fund #: _____ Org #: _____

Purpose of the fund: _____

For disbursement funds:

Participant Amount _____ x Approx. number of participants _____ x Approx. number of weeks _____

Plan used: Beginning Date:

Ending Date:

Names of persons using the fund: _____

In making this petty cash request I understand and agree to the terms of the University's Policy on Petty Cash Funds (see [Policy on Petty Cash Funds](#)) and the University's Policy on Fund Handling (see [Fund Handling Policy](#)). I understand that the University's Accounting Services will reimburse the petty cash request only if the appropriate supporting documentation is submitted to the Controller's Office. Please allow 7 – 10 days for your request to be processed.

- I am responsible for full compliance with all University policy and procedures relating to petty cash and funds handling. See Petty Cash Change Fund Procedure and University Fund Handling Policy.
- I am responsible for submitting the appropriate supporting documentation to the Accounting Services to reimburse the petty cash request. Please allow 7 – 10 days for your request to be processed.

Controller's Office Approval: _____ Date: _____