

ACCOUNTING OFFICE USE ONLY

REFERENCE NUMBER: _____

BANNER ID: _____

DATE FOR CHECK: _____

University of California, Santa Cruz

REQUEST FOR ESTABLISHMENT OF PETTY CASH or CHANGE FUND ACCOUNT

**** Please print or type ****

DEPARTMENT/UNIT _____

AMOUNT REQUESTED _____ PETTY CASH OR CHANGE FUND? _____

PURPOSE OF THE FUND _____

NAME OF CUSTODIAN _____

LOCATION (Building name and room number) _____

WHERE FUND WILL BE STORED: Locked drawer / cabinet _____ safe _____ other _____

CERTIFICATION OF CUSTODIAN:

I agree to accept custodianship of the petty cash/change fund requested above. I understand that I will be personally responsible for the security of the fund and that I will be expected to familiarize myself with my responsibilities under the campus procedure on *Establishing and Administering Cash Funds*. (ACG0010).

Signature: _____ Date: _____ Ext. _____

Email: _____

DEPARTMENT/UNIT HEAD APPROVAL

NAME OF DEPARTMENT/UNIT HEAD _____

Please print or type

I hereby request that the General Accounting Office establish a petty cash/change fund in the name of the custodian listed above and certify that said custodian has been fingerprinted/bonded if required by the *Santa Cruz Campus Policy and Procedures for Conducting Background Investigations*.

Signature: _____ Date: _____ Ext. _____

When this form has been completed, signed by the proposed custodian, and approved by his/her Unit Head:

Submit to: General Accounting

Mail Stop: Accounting Office

or Fax: 459-5037

DO NOT ENTER THIS TRANSACTION INTO THE FIS.

General Accounting staff will review the request and, if appropriate, enter it into Banner.

ACCOUNTING OFFICE APPROVAL _____