Idaho State University
Petty Cash Fund Request Form

Requesting Department: _____

☐ Increase to Existing Fund Amount of Increase $_____

☐ Create New Fund Amount Requested $_____

☐ Temporary Fund (less than 6 months) Amount Requested $_____

Estimated Closing Date _____

Justification for Fund or Fund Increase: _____

_____

_____

_____

Estimated Monthly Expenditures: _____

Security for Fund Use and Storage: _____

_____

_____

Fund Custodian _____ Dept. Acct # _____

Phone _____ Location _____

I understand that the need for and the amount of this fund will be reviewed at least annually; that confirmation of the fund balance will be made at least annually (at fiscal year-end); and that I am to notify the Office of Finance and Administration of any changes in the above information. I further declare that I have read and understand the petty cash fund procedures in the Faculty/Staff Handbook and understand I am personally responsible for this fund and for ensuring it is properly accounted for and maintained.

_____ _____

Fund Custodian Date

_____ _____

Department Chair, Dean, or Director Date

Please submit this form to Finance and Administration, Stop 8219

For Finance and Administration Only:

_____ _____

Assistant Controller Date

Petty Cash - Code 903-086-30-9810 (Redeposit - 6640) 300101 300600 300115

FS-002
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