

***Idaho State University
Petty Cash Fund Request Form***

Requesting Department: _____

- | | | |
|--------------------------|-------------------------------------|-----------------------------|
| <input type="checkbox"/> | Increase to Existing Fund | Amount of Increase \$ _____ |
| <input type="checkbox"/> | Create New Fund | Amount Requested \$ _____ |
| <input type="checkbox"/> | 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 _____

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

UBO

Date

Please submit this form to Finance and Administration, Stop 8219

For Finance and Administration Only:

Assistant Controller

Date

Petty Cash - Code 18015 10400