



DATE: _____

TO: Banking Services
555 South Howes Street
6015 Campus Delivery
Phone: (970) 491-0597

FROM: _____

SUBJECT: Request for: Petty Cash Fund
Change Fund

(Department name) _____, Dept # _____, requests a petty cash or change fund in the amount \$ _____.

Justifications for, proposed use of, and estimated monthly dollar transaction are as follows:

If approved, I certify that the petty cash or change fund will be safeguarded and operated in full compliance with Financial Procedure Instruction FPI 6-2 modified only by any exceptions granted in writing. The petty cash or change fund custodians/alternate will be:

Name: _____ CSUID: _____ Phone Number: _____

Name: _____ CSUID: _____ Phone Number: _____

Name: _____ CSUID: _____ Phone Number: _____

The cash and records for this fund will be located in (building) _____, (room) _____, and will be available for any scheduled and/or unannounced audit.

(Signature) Department Head

(Signature) Vice President or Dean

Recommended by _____ Date _____
(Signature) BFS Lead Cashier

Approved by _____ Date _____
(Signature) Banking Services Manager

Picked up by _____ Date _____
(Signature) Fund Custodian