

**PETTY CASH FUND / CHANGE FUND
AUTHORIZATION FORM**

Date _____

Fund Custodian _____

Phone # _____

Department _____

M/S _____

Fund Amount (\$200 maximum) \$ _____

Fund Justification _____

Complete the section for the type of fund being requested

PETTY CASH - SIGNATURE AUTHORIZATION

I have read and agree to the petty cash procedures/regulations and understand I am responsible for the fund as the petty cash custodian for the above named department.

Custodian Name - Printed

Custodian Signature

This delegates authority to the above named custodian to authorize petty cash fund expenditures on behalf of our department for the accounts listed below.

Authorized Name - Printed

Authorized Signature

PEOPLESOFT CHARTFIELDS					
Account	Fund	Org ID	Program	Sub-Class	Budget Yr

BMS ACCOUNTS

CHANGE FUND - SIGNATURE AUTHORIZATION

Custodian Name - Printed

Custodian Signature

Authorized Name - Printed

Authorized Signature

For Accounting Use Only

Director of Accounting Services _____

Approval Date _____

Check No. _____

Date Fund Established _____

Date Fund Cleared _____

Return Request to: Accounting Services