PETTY CASH FUND/CHANGE FUND
AUTHORIZATION FORM

Date 4/9/2013

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 ___________________________

PEOPLESOFHT CHARTFIELDS

<table>
<thead>
<tr>
<th>Account</th>
<th>Fund</th>
<th>Dept. ID</th>
<th>Program</th>
<th>Class</th>
<th>Project</th>
</tr>
</thead>
<tbody>
<tr>
<td>660817</td>
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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; M/S JA58