

**UNIVERSITY OF SOUTH FLORIDA
Division of University Controllers Office**

REQUEST FOR PETTY CASH FUND

Date:

TO: General Accounting Manager

FROM:

Please consider the following request for a petty cash fund:

Department (area):

Account Number(s):

Amount:

Purpose of fund (name specific types of purchases):

How funds will be secured:

I have discussed the purchases above with _____ in the Purchasing Department and we have agreed that a petty cash fund is appropriate for these incidental purchases.

I have read the procedures for using a petty cash fund and agree to follow them.

As custodian of the change fund, I accept full responsibility for the use of the fund in accordance with the list above and will be fully accountable for record-keeping, reimbursement and security.

Name (Typed)

Signature

Employee ID Number

Campus Address/Phone Number

Accountable Officer Name (Typed)

Accountable Officer Approval Signature

For University Controllers Office Use Only:

Approved

Date