

MANSFIELD UNIVERSITY

Request to Establish a Petty Cash Fund

TO: Controller's Office

FROM: _____
(Department Name)

DATE: _____

I request that _____ be authorized to establish a petty cash fund in the amount of \$_____ to be used for a cash drawer for _____

Cost center # _____ GL Account # 100120.

If approved, I certify that the petty cash fund will be operated in full compliance with the University's procedures for petty cash. The fund custodian will be _____ who can be reached at phone # _____. The petty cash and record for this fund will be located in _____ and will be safeguarded as prescribed. The funds and records will be available for any scheduled and/or unannounced audit.

Petty Cash Custodian Signature

Supervisor Signature

DO NOT WRITE BELOW THIS LINE

Approved _____
Controller

Date