**PETTY CASH ACTION FORM**

This is a fillable form. Click on the View tab and select edit document.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date: |       | Amount: | $      | Fund Type: | [ ]  Change Fund | [ ]  Participant/Patient Study |

|  |  |  |  |
| --- | --- | --- | --- |
| Custodian Name: |       | Email: |       |
| Department Head: |       | Email: |       |
| Designated Approver( if applicable) |       | Email: |       |
| Study/Sponsor/Grant (if applicable): |       | Department: |       |
| Campus Mailing Address: |       | Telephone: |       |
| Location of Funds (Building, Room #): |       |

Type of Action Requested:

1. [ ]  Establishment of a New Fund (complete Attachment A)

[ ]  Funds needed indefinitely

 [ ]  Funds needed for the specific period of time ending

2. [ ]  Alteration to a Fund

 [ ]  Increase to an existing fund (complete Attachment A)

 [ ]  Decrease to an existing fund (complete Attachment A)

 [ ]  Closure of fund (complete Attachment B)

3. [ ]  Change of custodian (complete Attachment B)

|  |  |  |  |
| --- | --- | --- | --- |
| Old Custodian:  |       | Effective Date: |       |
| New Custodian:  |       |  Email:  |       |

4: [ ] Change of fund location (complete Attachment A)

By signing below, I agree that I have read, understand and will comply with the [Petty Cash](https://policy.vcu.edu/universitywide-policies/policies/petty-cash-administration.html) policy. I agree that I will notify Treasury Reporting of any overage or shortage and of a change in custodian, department head, or designee. I understand that I am solely responsible for the safekeeping of the petty cash funds and for the reimbursement of the petty cash funds. I understand that I shall close the petty cash fund as soon as possible when it is no longer needed.

|  |  |  |  |
| --- | --- | --- | --- |
| Custodian Signature: |       | Date: |       |
| Dean/Department Head Signature: |       | Date: |       |
| Designee Signature (if applicable): |       | Date: |       |

Email completed form to: tresreport@vcu.edu

For Use by Treasury Reporting Only

|  |  |  |  |
| --- | --- | --- | --- |
| Approved By:  |       | Date: |       |

Senior Manager, Treasury Reporting