

University of California



Petty Cash or Change Fund  
Authorization Form

	New	Increase	Decrease	Closing	Change Custodian
Department Name: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Department Code: \_\_\_\_\_

Location of Funds (Building and/or Office/Room Number): \_\_\_\_\_

New/Increase/Decrease

<i>This section used for a newly established fund, or an increase/decrease of a current fun.</i>	
Custodian Name (First, Last)	
<b>Signature</b>	<b>Date</b>
Petty Cash or Change Fund Amount \$ _____	
Name of Immediate Supervisor: _____	
As the custodian, I accept responsibility of the fund amount listed below and by signing this form I am stating that I have read, understand and agree to the procedures specified in BUS49, P&P #200-72, and any specific campus policies and procedures concerning my responsibilities for safeguarding and disbursing cash	

Closed

<i>This section is used ONLY if the fund is being closed.</i>	
CCR Control # _____	Amount \$ _____
<b>Signature</b>	<b>Date</b>

Change of Custodian

<i>This section is used only if a change in custodian has been made.</i>	
Relinquishing Custodian Name (First, Last)	
<b>Signature</b>	<b>Date</b>
Petty Cash or Change Fund Relinquished Amount \$ _____	
I have counted and relinquish my fund to the abouve new custodian.	

Any Occurrence

<i>This section should be used in any occurrence; new, change , increase, decrease or closing of a fund.</i>	
Department Head/Supervisor Name (First, Last)	
<b>Signature</b>	<b>Date</b>
Organization/College Chief Financial Administrative Officer (First, Last)	
<b>Signature</b>	<b>Date</b>
Petty Cash or Change Fund Request Amount \$ _____	

The new custodian will use this form to accept responsibility. Department Heads need to sign this form and keep on file. Background required on all custodians, prior to approving. Unless the closing of a fund, then CFAO is required.