

**PETTY CASH/CHANGE FUND ACTION FORM**

**Instructions: Complete this form and submit original to the Associate Vice President for Finance and Administration for review and approval (MS1200). Once approved, the form will be scanned and emailed to the requesting department and copied to Procurement and Vendor Services. Disapproved forms will be returned to the requesting department.**

**I. ESTABLISH FUND**

Request is made to establish a Petty Cash Fund \_\_\_\_  
 Request is made to establish a Change Fund \_\_\_\_

Both the Budget Authority (dean, department chair, or supervisor) and Fund Custodian named below agree to comply with University policies and procedures for Cash Funds as stated in Boise State policy 6010-C.

Statement of Purpose:

Amount Requested: \_\_\_\_\_ Date for Petty Cash/Change Fund Closure \_\_\_\_\_ Location of Funds (Rm/ Bldg) \_\_\_\_\_

**FUNDING SOURCE TO CHARGE IN THE EVENT OF LOST/STOLEN/MISUSED FUNDS:**

Custodian Name (PRINT): \_\_\_\_\_ Ph# \_\_\_\_\_ Fax: \_\_\_\_\_

Employee ID#. \_\_\_\_\_ Dept. Name: \_\_\_\_\_

**Custodian Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**Authorizer Name (PRINT):** \_\_\_\_\_

**II. MAKE CHANGES TO PETTY CASH/CHANGE FUND**

\_\_\_\_ Increase amount of fund

\_\_\_\_ Decrease amount of fund

\_\_\_\_ Change in Administrator or Custodian

Petty Cash/Change Fund # \_\_\_\_\_

\_\_\_\_ Other: \_\_\_\_\_

Prior Information: \_\_\_\_\_ New Information: \_\_\_\_\_

Prior Information: \_\_\_\_\_ New Information: \_\_\_\_\_

**Explanation:**

**Custodian Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**Authorizer Name (PRINT):** \_\_\_\_\_

**Authorizing Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**III. CLOSE FUND ACCOUNT**

Petty Cash/Change Fund # \_\_\_\_\_

**Custodian Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**Authorizing Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**VICE PRESIDENT APPROVAL REQUIRED TO ESTABLISH, CHANGE OR CLOSE PETTY CASH/CHANGE FUND**

\_\_\_\_\_  
**AVP or VP Finance and Administration**

\_\_\_\_\_  
**Date**