



**Petty Cash/Change Fund Action Form**

**CUSTODIAN/DEPARTMENT INFORMATION**

*As custodian, you are responsible for safeguarding the fund, maintaining its records, and ensuring that it is used appropriately and in accordance with CU Policy.*

Custodian: \_\_\_\_\_  
Name Employee ID # Department # Phone

Department Name: \_\_\_\_\_

Department Address: \_\_\_\_\_

**ESTABLISH FUND**

Fund Type: <input type="checkbox"/> Change Fund <input type="checkbox"/> Petty Cash Fund	<b>For Petty Cash Fund Request.</b> Explain why Clemson University's Purchase Card (PCard) cannot be used for purchases: _____ _____
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Requested Amount of Fund: \_\_\_\_\_ Fund Chartfield: \_\_\_\_ - \_\_\_\_ - 1180 - \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

Fund Purpose: \_\_\_\_\_

Location of Fund and how it will be secured: \_\_\_\_\_  
Building/Room Number Example: Safe/Lockbox/Filing Cabinet

How often will the fund be counted? \_\_\_\_\_

**Who will have access to the petty cash/change fund?**

*It is recommended that you limit access to only those individuals whose job requires such access. All individuals with access to funds must be aware of the policy and procedures regarding the fund.*

Name	Employee ID	Title	Signature

**FUND ACTION REQUEST**

Requesting: <input type="checkbox"/> Increase Fund <input type="checkbox"/> Decrease Fund <input type="checkbox"/> Change Location of Fund <input type="checkbox"/> Change Custodian of Fund <input type="checkbox"/> Close Fund <input type="checkbox"/> Replenish Fund	<b>Cash &amp; Treasury Use Only</b> <input type="checkbox"/> Close Fund Date/Initials: _____
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**Increase/Decrease Section**

Current Fund Amount	<input type="text"/>
<input type="checkbox"/> Increase Fund Amount	<input type="text"/>
<input type="checkbox"/> Decrease Fund Amount	<input type="text"/>
New Fund Amount	<input type="text"/>

Reason for Increase/Decrease: \_\_\_\_\_  
 \_\_\_\_\_

**Change Location Section**

New Location of Fund and how it will be secured: \_\_\_\_\_  
*Building/Room Number Example: Safe/Lockbox/Filing Cabinet*

**Close Fund Section**

*Cash and Treasury Use Only*

Close Fund:    Amount Deposited: \_\_\_\_\_    Web Deposit #: \_\_\_\_\_

**Replenish Fund Section**

Replenishment Amount: \_\_\_\_\_    Reason: \_\_\_\_\_

**Change Custodian of Fund Section**

Add	Delete	Name	Employee ID	Department	Phone
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				
<input type="checkbox"/>	<input type="checkbox"/>				



**Petty Cash/Change Fund Action Form**

**New Custodian Acceptance/Acknowledgement**

- *By accepting custody of a change or petty cash fund, I agree to accept the above stated fund with the understanding that I have read the Petty Cash/Change Funds Policy and Related Procedure and am personally responsible for any shortages or losses. I understand that a reconciliation and verification of the petty cash/change fund should be conducted on a regular basis.*
- *I agree to return to the University the full amount of the petty cash/change fund when it is no longer needed.*
- *I understand that all petty cash expenditures of university funds must be for official university business only.*
- *Furthermore, I understand that change funds may only be used to make change as part of daily departmental operations and not expenditures.*

**Certification & Authorizing Signatures**

*I certify that the above information is correct and that this petty cash or change fund will be used in accordance with all fiscal rules governing its use.*

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*Custodian Name Printed* *Signature* *Date*

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*Business Officer Name Printed* *Signature* *Date*

***The following signatures are required when establishing a change/petty cash fund***

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*VP and CFO Name Printed* *Signature* *Date*

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*Cash & Treasury Services Director Name Printed* *Signature* *Date*

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*Internal Auditor Director Name Printed* *Signature* *Date*