



PETTY CASH AND CHANGE FUND APPLICATION FORM

Custodian Name: _____ Custodian Employee ID Number: _____

Department: _____ Telephone Number: _____

Amount requested: _____ Date Required: _____

Reason for the fund: _____

Expected date of settlement (if fund requirement is short-term): _____

I hereby authorize the Payroll Office to deduct the amount of this fund from my salary if I fail to account for the fund when it is no longer required or if my employment terminates.

Date: _____ Signature of Custodian _____

Authorized by: _____ Signature of Department Head or Designat
Department Head or Designate (Please Print Name)

Instructions for use:

- 1. This form is to be used for requests for long-term petty cash funds, short-term petty cash funds and change floats.
2. This amount is a loan and is the responsibility of the custodian. The initial cheque as well as any subsequent reimbursements will be issued in the name of the custodian.
3. Expenditures will be charged to a CFOAPAL once a "Summary of Petty Cash Expenditures" form has been submitted along with original receipts to Payment Services for processing.
4. Submit this form 5 days prior to date the funds are required to Payment Services, E80 ADMIN.
5. For transfers of the custody of funds or any other questions relating to the fund, contact Payment Services, E80 ADMIN, 966-8323 or email payment_inquiries@usask.ca.

Do not complete below

Processed by: _____ Cheque #: _____ Cheque Date: _____ H PC X2 B _____