



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 ConnectionPoint for processing.
4. Submit this form 5 days prior to date the funds are required to ConnectionPoint, Room 258 Arts Building.
5. For transfers of the custody of funds or any other questions relating to the fund, contact ConnectionPoint, Room 258 Arts Building, 966-2000 or email ConnectionPoint@usask.ca.

Do not complete below

Processed by: \_\_\_\_\_ Cheque #: \_\_\_\_\_ Cheque Date: \_\_\_\_\_ H PC X2 B \_\_\_\_\_