

PETTY CASH FUND REQUEST FORM

Instructions:

- 1.) Complete each section below.
- 2.) This form along with any other supporting documents must be scanned and sent electronically to the Disbursements Department at <u>disbursements@miami.edu</u>

Custodian Name:		Date:	
Custodian Email:		Custodian Phone #:	
Dept. Name & Campus:	Dept. Address:		
Workday Worktag Number:			
A. CHECK THE APPROPRIATE AND COMPLETE:			
OPEN A NEW PETTY CASH FUND			
Requested Amount of petty cash:\$			
Business purpose:			
CHANGE AMOUNT OF A PETTY CASH FUN		INCREASE DECREAS	SE
Original amount of petty cash fund:\$			
Requested Amount:\$			
New amount of petty cash fund:\$			
Reason for change:			
TRANSFER OF CUSTODIAN (Required sign	ature from previou	s Custodian and new Cust	odian)
Previous Custodian's Name (Print): (Signature)			re)
New Custodian's Name:	Custodian's Name:(Signature):		
Reason for transfer :			
Petty Cash Fund Amount: \$			
B. CUSTODIAN CERTIFICATION:			
I agree to maintain this fund in accordance with t and read a copy of the current Petty Cash Fund P	•		
I authorize the University of Miami to deduct fror	m any monies due t	o me from the University t	he amount of my Petty Cash Fund
without further notice in order to affect its return			
 My failure to maintain the Petty Cash Fund in My failure to confirm the Petty Cash Fund in Theft or other loss of the Petty Cash Fund 		ne University's Policies and	l/or Procedures as amended.
Print #1: Petty Cash Fund Custodian	Employee II	 D#	Date
Signature #1: Petty Cash Fund Custodian			
C. SIGNATURE SECTION:			
Authorization to charge Petty Cash Fund to the I	<mark>Department's Work</mark>	tag if unrecoverable from	signature #1
		ork-tag (Non-GR)	 Date
		· ,	
Signature #3: Senior Business Manager and ID # (If #1 & #2 is the same person),	W	ork-tag (Non-GR)	Date

(Senior Business Manager Signature Required, for Petty Cash over \$25,000.00)