

## 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 <a href="mailto:disbursements@miami.edu">disbursements@miami.edu</a>

Custodian Name:	Date:	
Custodian Email:	Custodian Phor	ne # :
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 FU Original amount of petty cash fund:\$ Amount:\$		DECREASE
New amount of petty cash fund:\$		
Reason for change:		
<u></u>		
TRANSFER OF CUSTODIAN (Required sign Previous Custodian's Name (Print):	-	(Signature)
	(Signature)	
	(New Custodian's Phone Number):	
Reason for Transfer		
B. CUSTODIAN CERTIFICATION:		
I agree to maintain this fund in accordance with and read a copy of the current Petty Cash Fund	•	
I authorize the University of Miami to deduct fro without further notice in order to affect its retu		
<ol> <li>My failure to maintain the Petty Cash Fund</li> <li>My failure to confirm the Petty Cash Fund i</li> <li>Theft or other loss of the Petty Cash Fund</li> </ol>	· · · · · · · · · · · · · · · · · · ·	licies and/or Procedures as amended.
Print #1: Petty Cash Fund Custodian	Employee ID#	Date
Signature #1: Petty Cash Fund Custodian		
C. SIGNATURE SECTION:		
Authorization to charge Petty Cash Fund to the	e Department's Worktag if unrecovera	ble from signature #1
Signature #2: Cost Center Manager Signature ar	nd ID# Work-tag (Non-GR)	Date
Signature #3: <b>Senior Business Manager</b> and ID # (If #1 & #2 is the same person),	Work-tag (Non-GR)	Date

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