

PEPPERDINE UNIVERSITY

REQUEST FOR CHANGE FUND OR PETTY CASH FUND

Fund Type Change Fund
 Petty Cash Fund

Period Permanent
 Temporary

Reason New Fund
 Change Custodian
 Increase Fund
 Decrease Fund

Department _____ Amount \$ _____

Fund use for _____

Statement of Responsibility and Instructions

By accepting custody of a Change Fund or Petty Cash Fund, I agree to be personally accountable for the appropriate care and disposition of the funds issued. I agree that the physical security arrangements available to me for the care of the funds are adequate for me to accept the responsibility as Cash Custodian (if I find appropriate storage and working security is not available, I would not accept the funds). I further agree that if these funds are lost or stolen, I will immediately report it to my supervisor and the Public Safety Office.

Under no circumstances are these funds to be used for cash advances, mileage reimbursements, cashing checks, making loans, purchasing and reselling stamps, or payment of services. Funds are to be available for an unannounced audit by the Cashier's Office or Auditing Services. Change Funds should always consist of the total cash on hand equal to the exact amount of the fund issued. Petty Cash Funds should always consist of total cash on hand, receipts on hand and documented pending reimbursements equal to the exact amount of the fund issued.

As Cash Custodian of a Petty Cash Fund, I am responsible for obtaining the receipts for each purchase made. Funds are payable to the purchaser on a **Petty Cash Reimbursement form**, attached with original receipts, and signed by the purchaser when cash is disbursed. These forms must be retained with the Petty Cash Fund until submitted to Accounts Payable for reimbursement of the Fund.

An **Online PeopleSoft Requisition** must be completed to replenish Petty Cash Funds. A reimbursement check will be issued to "petty cash fund/custodian name/department." Each month, at a minimum, I will complete a **Petty Cash Fund Reconciliation form**, and also at the end of July when closing out the year.

If a change in Cash Custodian is required, I am responsible to inform the Controller's Office. I will not transfer the fund to the new Cash Custodian.

I understand the responsibility of Cash Custodian can be revoked if violations in security and/or use are discovered. I agree to return the fund if it is no longer needed.

I certify that I have read, understand and agree to comply with the University's Cash Handling Policy and Cash Control Procedures. I have read the above and acknowledge receipt of a copy of this agreement. I also acknowledge receipt of cash in the amount of \$ _____

If this is an application for an increase/decrease in cash, my total fund amount is now \$ _____

Cash Custodian (Signature) *Print Name* *Date* *Extension*

Approver (Signature) *Print Name* *Date* *Extension*

Cashier's Office (Signature) *Print Name* *Date* *Extension*

Return Completed Form to the Cashier's Office - Mail Code 4107