This form is used to request creation, increase, decrease, or closure of a petty cash or change fund.

Instructions:

a. Please print or type all information.

b. For fund creations or increases:
   • Complete Sections 1-3, including obtaining Dean or Cabinet Officer approval if the fund will exceed $250 after the issuance or increase.
   • Send the completed form to the General Accounting Office at gao@txstate.edu OR the Associate Vice President for Financial Services (AVPFS) in JCK 527.
   • If the fund is approved by the AVPFS, the Custodian will be contacted by the Cashier's Office when the funds are ready for pick-up. All disbursements will be conducted in the Cashier's Office, JCK 188.

c. For fund decreases or closures:
   • Prior to completing this form, obtain reimbursement for any receipts in a petty cash fund.
   • Complete Sections 1-3. Dean/Cabinet Officer/AVPFS approvals are not needed for decreases or closures.
   • Submit the completed form to the Cashier’s Office when making the cash deposit.

SECTION 1 – Fund Action Request and Information

Requesting Department: ___________________________ Fund: ______________

Custodian Name: ___________________________ Cust Phone and Net ID: ______________

Fund Type: Petty Cash _____ Change_____ Amount Needed: ______________

Action: Create: _____ Increase: _____ Decrease: _____ Close: _____

Acct Mgr: ___________________________ Acct Mgr Phone & Net ID: ______________

Fund Location and Security Measures: ____________________________________________

SECTION 2 – Fund Action Justification

________________________________________

________________________________________

SECTION 3 – Custodian and Account Manager Certification

By signing below, both the Custodian and the Account Manager acknowledge that they
   • have reviewed a copy of the Petty Cash and Change Fund Policy
   • understand the rules and procedures and
   • agree to abide by those rules and procedures.

Custodian Signature ___________________________ Date ______________

Account Manager Signature ___________________________ Date ______________

If the Custodian and Account Manager is the same individual or if an exception to policy limits (Petty Cash > $250 or Change > $250), this form requires one of the following:

Dean or Cabinet Officer ___________________________ Date ______________

For AVPFS Use Only - Administrative Approval

Associate Vice President, Financial Services: ___________________________ Date ______________