

Custodian Name:

Title:

Department Name:

USNH ID:

Campus Address:

User Name:

Identifying Title of Fund:

Petty Cash/Change Fund #:

Check for a new Fund

- |   |   |              |              |                  |
|---|---|--------------|--------------|------------------|
| 1 | Type of fund requested                                      | Petty Cash   | Change       | Imprest Checking |
| 2 | Term funds are required                                     | Indefinitely | Until - Date | / /              |
| 3 | Amount Required   | \$           | .            |                  |
|   | Responsible FOAPAL  |              |              |                  |
| 4 | Planned use   |              |              |                  |
| 5 | Proposed location for storage (Building/Room #)             |              |              |                  |
| 6 | Provisions for safeguarding the funds (safe, cashbox, etc.) |              |              |                  |
| 7 | Anticipated monthly dollar amount of expenses               | \$           | .            |                  |

Current Fund Amount \$

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New Fund Amount \$

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Reason for Change:

Date of deposit (if decrease): / /

Transaction Date: / /

Banner FOAPAL charged:

Petty Cash/Change Fund #:

