



UCIRVINE

Application to Request a new Petty Cash or Change Fund

This application is designed to assist Accounts Payable in assessing the need of the requesting department to establish a petty cash or change fund.

Note: Petty cash funds will be authorized only when other purchasing and disbursements procedures, like PALcard, cannot meet the needs of the requesting department.

1. Has your department investigated purchasing and disbursements procedures, such as PALcard, and considered alternatives besides a Petty Cash fund?

2. What are the unique business/procurement needs of the department that justify having cash on hand rather than using established purchasing and disbursements procedures? (Please provide detailed description of services/goods to be purchased)

3. What is your forecast in dollars of your Petty Cash monthly expenditures?

4. Custodian Name: _____

Job Title: _____

Department: _____

Email Address: _____

Phone Number: _____

5. Name of MSO/Dept Head assuming ultimate responsibility for the cash fund: _____
- Title: _____
- Email Address: _____
- Phone Number: _____
6. What is the amount of the fund you are requesting? (note: funds requested should be kept at an absolute minimum)
7. Please give a description of the physical security measures and key internal controls in place to safeguard against cash loss or theft (eg. Safe, lockbox, etc)
8. Please provide the account/object code to be charged in the event of a theft or loss.
9. By whom and how often, in your department, will the petty cash account be reconciled?

Please review the Accounting Manual C-173-61, BUS-49 and 704-12: Petty Cash Procedures regarding UC Policy of Petty Cash/Change Funds. By signing this application, you agree to follow the policies and procedures outlined in the above referenced documents.

MSO or Department Head – Name/Signature

Prospective Custodian – Name/Signature

Date

