

APPLICATION TO REQUEST PETTY CASH OR CHANGE FUND

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

Email completed, signed, form in .pdf format to awebb@ucsd.edu

DEPARTMENT: _____

AMOUNT REQUESTED: _____ PETTY CASH _____ CHANGE FUND _____ (pick one)

TEMPORARY FUND? Yes _____ No _____ If yes please provide time frame _____

PURPOSE OF THE FUND _____

NAME OF CUSTODIAN (Name, job title, department, mail code, email address, and phone number. Please include UCSD employee number also.)

FINANCIAL OFFICER or MSO ASSUMING ULTIMATE RESPONSIBILITY FOR THE CASH FUND? (Name, job title, department, mail code, email address, and phone number)

LOCATION WHERE CASH FUND WILL BE USED (Building name and room number): _____

Please give a description of the physical security measures and key internal controls in place to safeguard against cash loss or theft (e.g., safe, lockbox, etc.): _____

Please provide the INDEX and FUND to be charged to issue cash fund: _____

Questions 1 - 3 are for Petty Cash requests only:

1. Has your department investigated purchasing and disbursements methods such as an 'Express Card' or 'MarketPlace' application, and considered alternatives besides a Petty Cash fund? Please explain/document why 'Express Card' or 'MarketPlace' do not serve the needs of your department. NOTE: Petty Cash funds will be authorized only when other purchasing and disbursements methods cannot meet the needs of the requesting department.

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?

CUSTODIAN ACKNOWLEDGEMENT:

I hereby accept the responsibility to act as custodian for the reason indicated above and I understand that I will be personally responsible for the security of the fund. By signing this application, you agree to follow all UC policies and procedures, including PPM 300-10, PPM 300-11, Accounting Manual C-173-61, and the UC BUS-49 policy.

In the event I am relieved of my duties as custodian of the cash fund, I understand I am required to complete "Change of Custodian" form and turned into the General Accounting Cash and Banking Team.

A copy of the custodian's UC Learning Cash Handling training certificate will be submitted along with this form. A background check must be completed for the custodian prior to assuming cash handling responsibilities.

Department Custodian - Name/Signature

Date

MSO or Financial Officer - Name/Signature

Date