

**PETTY CASH CHANGE RECEIPT/REQUEST FORM**

**Instructions:** Complete the fields below to request changes to an existing petty cash fund, such as appointing a new custodian or modifying the petty cash fund amount. Send the completed and signed form to Fiscal Services, located at the Flawn 1.04.08. Departments must maintain a copy of this form for their records.

Receipt #: \_\_\_\_\_

Date: \_\_\_\_\_

REQUEST DETAILS	
SpeedType (Cost Center or Project ID): _____	New Petty Cash Fund Amount: _____
<input type="checkbox"/> <b>Check this box if appointing a new custodian to an existing petty cash (Cash Fund) fund.</b>	
The custodian below is responsible for the petty cash (Change Fund):	
Custodian Name: _____	Employee ID: _____ Phone: _____
Job Title: _____	Department: _____
Describe the physical location of your petty cash fund (within your department) and explain how the petty cash funds will be secured. The Custodian and Budgetary Authority are ultimately responsible for the security of any petty cash funds.	
_____ _____ _____	
<input type="checkbox"/> Check this box if making changes to the Petty Cash (Cash Fund) amt.	Request Type: <input type="checkbox"/> Temporary <input type="checkbox"/> Permanent
Current Petty Cash Fund Amount: _____	New Petty Cash Fund Amount: _____
Amount to Increase: _____	Amount to Decrease: _____
CERTIFICATION	
<input type="checkbox"/> I accept responsibility as custodian for the funds authorized and received from this receipt. I certify that the funds will be used in accordance with university policy. In the event that I change jobs or terminate employment with The University of Texas at San Antonio, a new custodian will be assigned by my supervisor using the Petty Cash Change Receipt and/or the funds provided will be returned to Fiscal Services or substantiated by appropriate receipts.	
Custodian Signature: _____	Date: _____
Budgetary Authority Name: _____	
Signature: _____	Date: _____
If the Custodian and Budgetary Authority is the same person, the Custodian's immediate supervisor must also sign below.	
Supervisor Name: _____	
Signature: _____	Date: _____
FISCAL SERVICES AUTHORIZATION	
Fiscal Services Approver: _____	
Signature: _____	Date: _____
FISCAL SERVICES OFFICE USE ONLY – CLEARING VALIDATION	
Name: _____	
Signature: _____	Date: _____