

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 \$                      .                      New Fund Amount \$                      .

Reason for Change:

Date of deposit (if decrease):                      /                      /

Transaction Date:                      /                      /

Banner FOAPAL charged:

Petty Cash/Change Fund #:

