

NORTHERN ARIZONA UNIVERSITY
REQUEST TO ESTABLISH A PETTY CASH OR CHANGE FUND
403-01 Petty Cash Funds and 403-02 Change Funds

New

Amount Change Select Fund: _____

Current Cash Balance: _____

TO: FAS-cashmgmt@nau.edu FROM: _____ Date _____

Dept Box # _____ Contact Phone # _____ Contact Email _____

It is requested that the _____ department (number) be allowed to establish a cash fund in the amount of \$ _____. Speedchart (local funds only) _____

Cash will be used for: _____

_____ Check Here For Change of Custodian **ONLY**

Signed parties below have read and agreed to the following policy: 403-01 Petty Cash Funds

Department Manager Name _____ Signature _____

Fund Custodian Name _____ Signature _____

NAU ID# - Fund Custodian _____ NAU Contact _____

The Cash Fund will be protected by the following security measures: _____

* Funds will be recorded using the speedchart provided above and account 101200.

The above request has been:

_____ Petty Cash/Change Fund Approved in the amount of \$ _____.

Comptroller's Office Signature

Date: _____

By signing this, Employee is taking responsibility for funds

SDAS verified: _____ Date funds picked up: _____

Employee Name: _____ ID: _____