

Murray State University
Accounting & Financial Services
Petty Cash Fund Request Form

Department Name: _____

Amount Requested: _____

Estimated Monthly Expenditure: _____

Date Needed: _____

Permanent Fund (Over six months duration)

Temporary Fund (Needed for six months or less); and estimated
closing date _____

Use of fund:

Security to be used for the fund:

Fund custodian: _____

Work Phone: _____ Location: _____

I understand that the need for the amount of this fund will be reviewed at least annually; that confirmation of the fund balance will be made at least annually (at fiscal year-end); and that I am to notify the Office of Accounting and Financial Service of any changes in the above information.

I further understand that I am personally responsible for this fund and for ensuring that it is properly maintained and accounted for.

Fund Custodian

Date

Department Chair, Dean, or Director

Date

Office of Accounting and Financial Services Use Only:

Director

Account #

Date