



**University of Wisconsin
Stevens Point**

Petty Cash or Change Fund Action Form

Once completed, please email this form to: *Controller.Office@uwsp.edu*

Fund Type: Petty Cash Change Fund

Action Requested:

Initial Fund Request*	Date Needed: _____
Increase Request	Date Needed: _____
Decrease/Return Fund	Returned On: _____
Change Custodian - Already Have Fund(s)	
Annual Fund Verification	Fiscal Year: July 1, _____ to June 30, _____

Amount: _____ Location of Fund: _____
(Building & Room Number)

Fund Custodian: _____	Employee Id: _____
Contact Email: _____	Phone: _____
Department Name: _____	Dept. Account: _____

Purpose for Action (include event name and dates, if applicable):

*This cash fund is entrusted to the department and I am personally responsible for the accounting and safekeeping of these funds, along with the safe return of these funds. I have read and understood the UW Stevens Point **Cash Handling Policy**.*

I have completed and passed the **Cash Handling Fund Custodian Training and will maintain recertification on an annual basis.*

*Fund Custodian Signature: _____ Date: _____

**Custodian's Manager's Signature: _____ Date: _____

***I have read the **Cash Handling Policy**, completed and passed the **Supervisor/Manager Training**, and will maintain recertification on an annual basis. I will periodically perform surprise counts of the fund. I will complete the Annual Fund Verification (or designate someone).*

Controller Signature: _____		Date: _____	Account: _____
Receipt of Funds:		Return of Funds:	
Check #: _____	Date: _____	Amount: _____	Date: _____
Received by: _____		Verified by: _____	
Signature: _____			

Annual Fund Verification Signature: _____ **Date:** _____
[Must be verified by Custodian's Manager/Designated agent every June; under no circumstances should Fund Custodian verify own fund(s).]