

Petty Cash or Change Fund Action Form

Once completed, please email this form to: **Bursar@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,
	cation of Fund: _ ilding & Room Number	r)	
Fund Custodian:		_ Employee Id:	
ContactEmail:			
Department Name:			
Purpose for Action (include event name and Include event name and In			afekeeping of these funds, al
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