



**University of Wisconsin
Stevens Point**

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, ____

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: _____

**Supervisor'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).*

Bursar Signature: _____ Date: _____ Account: _____

<p>Receipt of Funds:</p> <p>Check #: _____ Date: _____</p> <p>Received by: _____</p> <p>Signature: _____</p>	<p>Return of Funds:</p> <p>Amount: _____ Date: _____</p> <p>Verified by: _____</p>
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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).]