

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 Requ	ıest*		Date Needed:
Increase Request			Date Needed:
Decrease/Return	Fund		Returned On:
Change Custodia	n - Already Have	e Fund(s)	
Annual Fund Ver	rification		Fiscal Year: July 1, to June 30,
Amount:		ocation of Fund: _ uilding & Room Numbe	r)
Fund Custodian:			_ Employee Id:
ContactEmail:			
Department Name:			
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