

Name: _____

Department: _____

Amount Requested: _____

Date of Request: _____

Type of Fund Requested: (Check the type of fund requested)

O CHANGE FUNDS

Type of activity supported _____

O SMALL PURCHASE OR EXPENDITURES
(must be reimbursed at least monthly)

Types of Purchases _____

Duration of Advance: (Check the duration requested)

☐ Permanent

0 Temporary

Date to be repaid: _____

Justification of Request:

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I acknowledge that I have been informed of the responsibilities involved in controlling a petty cash fund. I have read the policies and procedures regarding petty cash funds and agree to carry out the duties of custodian.

I acknowledge that I am personally liable for these funds and promise to pay upon demand to The Trustees of Hamilton College the amount listed above.

Approvals:

Signature of Custodian

Department Head

Business Office

