Request to Establish or Increase Petty Cash Fund

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)

O Permanent

O Temporary

Date to be repaid: ________________________________

Justification of Request:

_________________________________________________________________________________

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