

Petty Cash Action Form

Complete this form and send, with supporting documents, to:

University of California, San Francisco
 Petty Cash Desk - Cash and Controls Team
 Mail Remittance - Box 0815
 San Francisco, CA 94143-0815

ACTION REQUESTED

Check Action Requested

Request for new acct Renew an existing acct Increase existing acct

PETTY CASH CUSTODIAN

Last Name	First Name	MI	Custodian Signature	
Employee #	Department Code		I will administer this account in accordance with University Policy and Procedure. Date (MMDDYY) <input type="checkbox"/> I have been fingerprinted (attached). <i>Fingerprinting may be required. Please see instructions</i> <input type="checkbox"/> I am currently the custodian of a UCSF cash account.	
Department	Campus Box No.			
Bldg. & Room No.	Telephone Number/Extension			
Project Name				
Primary Contact	Telephone Number			

CASH SECURITY *(Please check all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Locked cash box, receipts held in separate location. REQUIRED
<input type="checkbox"/> Cash is/will be kept in safe or vault; access limited.
<input type="checkbox"/> Other (specify):
<div style="border: 1px solid black; height: 40px; width: 100%; margin-top: 5px;"></div> | <input type="checkbox"/> Cash access limited to one person. REQUIRED
<input type="checkbox"/> Cash is/will be kept in a locked desk or file cabinet.
<input type="checkbox"/> Cash is/will be kept in in a locked room with limited access. |
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PURPOSE OF CASH ACCOUNT *(Please check all that apply)*

- Petty Cash Account Change Fund Acct Special Cash Account

Explain:	Committee on Human Research Number:
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TOTAL AMOUNT FOR THIS CASH ACCOUNT

Amount \$ _____ <i><-Enter the total account amount upon approval of this request.</i>	Increase balance by \$ _____ <i><-Enter requested change to existing balance.</i>	CHR or Event Expiration Date: (MMDDYY) _____	Maximum Authorized \$ _____ <i><-Enter maximum amount authorized.</i>
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UC Funds linked to this cash account:

Fund 1	Dept ID 1	Project 1	Function 1	Fund 2	Dept ID 2	Project 2	Function 2

****The cash custodian and person authorizing on behalf of the department hereby agree:***

"The cash account described above is/will be maintained in accordance with University Policies. Any change in status for this cash account, including loss or theft will be reported immediately to the Campus Cash Coordinator."

Departmental Approval (Print or Type Name & Title)	Authorized Signature	Date Approved
Petty Cash Desk Approval	Date (MMDDYY)	<input type="checkbox"/> Check Cycling <input type="checkbox"/> Other Restrictions Applied