

**PURPOSE OF USING FORM**

DATE REQUESTED _____	<input type="checkbox"/> Change Fund	<input type="checkbox"/> Petty Cash Purchases
REQUEST FOR INCREASE <input type="checkbox"/> YES	<input type="checkbox"/> Temporary	<input type="checkbox"/> Permanent
If Petty Cash Fund, does your department have a Purchasing Card?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**BUSINESS UNIT INFORMATION**

DEPARTMENT _____	LOCATION _____	
CASH CUSTODIAN <i>(please print)</i> _____	DATE _____	
POSITION _____	EMAIL (@memphis.edu) _____	PHONE _____
DEPARTMENT HEAD <i>(please print)</i> _____	DATE _____	
POSITION _____	EMAIL (@memphis.edu) _____	PHONE _____
TYPE OF SECURITY (SAFE KEEPING) TO BE PROVIDED FOR FUND _____		

**FUND INFORMATION**

If Change Fund, estimate the amount of change required during the month	\$ _____
If Petty Cash Purchases, estimate the monthly purchases through the Fund	\$ _____
Amount of Fund Requested	\$ _____
Funds to be used for _____	
_____	
_____	

**DEPARTMENTAL SIGNATURES**

We hereby certify that we have thoroughly reviewed and are familiar with University Cash Handling Procedures and will administer these funds as specified in these Procedures.

DEPARTMENT HEAD _____	DATE _____
CASH CUSTODIAN _____	DATE _____

**UNIVERSITY & STUDENT BUSINESS SERVICES USE ONLY**

FOAPAL

FUND	ORGN	ACCT	PROG	ACTV	LOCN
ACCOUNT NAME _____					
\$ _____			\$ _____		
Total Amount Approved for Fund			Amount to Disburse		
Approved by USBS _____					DATE _____
					DATE _____
Approved by Chief Financial Officer _____					DATE _____

*(The following approval is only needed for USBS petty cash request)*