**Washburn University
Petty Cash / Change Fund Application Form**

**Copies of this form are to be retained by the requesting department when the application is submitted for approval. The original form is to be retained by the Business Office.**

Department:

Type of Cash Fund: □ Petty Cash Fund □ Change Fund

Amount Requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Anticipated Date of Repayment (Change Fund only):

Custodian of Fund (type or print name):

Reason for Establishing Fund:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Statement of Custodian:**

I have read the sections of the Washburn University Policies and Procedures Manual relating to cash funds and I understand and agree to perform my responsibilities as custodian of this cash fund. I also understand under certain circumstances, I may be held personally responsible for cash fund losses and for reimbursement of the cash fund for such losses.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Custodian Date

**Routing and Approvals:**

**Department (at least one required)**:

 Department Head \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dean \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Area Head

**Business Office (when requesting $300 or less)**:

 Bursar Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Finance Office (when requesting over $300):**

 Director of Accounting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_