



Date: _____

TO: Comptroller

FROM: _____

SUBJECT: Request to Increase/Decrease/Close Petty Cash/Change Fund

I request that (Department Name) _____ to _____
its petty cash/change fund from (current amount) \$ _____ to (new amount) \$ _____.

Justification for proposed use and estimated monthly transactions is as follows:

I agree to operate the petty cash/change fund in full compliance with UOG's Petty Cash/Change Fund procedures. I also authorize the University to deposit the funds via direct deposit as indicated below. The petty cash/change fund and records will be available for any scheduled and/or unannounced audits.

The fund custodian will be, (Name) _____, (Phone Number) _____.

The designated alternate custodian during the absence of the fund custodian is (Name) _____, (Phone Number) _____.

The cash and records for this fund will be located in (Building and Room Number) _____ and will be safeguarded in the prescribed procedures.

Petty Cash/Change Fund Custodian

Alternate Petty Cash/Change Fund Custodian

Dean/Administrator

*****DO NOT WRITE BELOW THIS LINE*****

Approved

Disapproved

Comptroller

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