



Date: \_\_\_\_\_

TO: Comptroller

FROM: \_\_\_\_\_

SUBJECT: Request to Establish Petty Cash/Change Fund

I request that (Department Name)\_\_\_\_\_be authorized to establish a petty cash/change fund in the amount of \$ (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

T: +1 671.735.2911/2908 F: +1 671.734.2907 W: www.uog.edu  
Mailing Address: 303 University Drive UOG Station Mangilao, Guam 96923