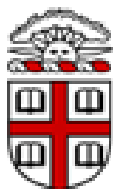


# PETTY CASH APPLICATION/CHANGE FORM



## BROWN

**INSTRUCTIONS: USE THIS FORM TO:**

**ESTABLISH A PETTY CASH FUND**

**CHANGE THE AMOUNT OF A PETTY CASH FUND**

Please complete page one of this form, including the signature of the Cost Center Manager for the requesting department.

Scan and email the entire form to the following email: [nichole\\_curley@brown.edu](mailto:nichole_curley@brown.edu) or [donna\\_summer\\_white@brown.edu](mailto:donna_summer_white@brown.edu) for approval.

Once approved, the Controller's Office will return the signed form via scan to the Responsible Person.

Bring the completed and signed form(s) to the Cashier's Window to complete the transaction.

**Brown ID required.**

Upon the fulfillment of the transaction, please complete the Cashier's Window section on page two including signature and date, and leave at the Cashier's window for our records. It is recommended that you retain a copy of the form for your own records.

The Controller's Office is located at the 350 Eddy Street - SSL Floor #4

The Cashier's Window is located at the Brown Business service Center (BBSC), J. Walter Wilson, 69 Brown Street, 2<sup>nd</sup> floor.

**For future reference:** If any noted party on this form changes, you are required to submit the change by completing a **PETTY CASH PERSONNEL MODIFICATION FORM** (hyperlink) and sending it via an email to: [nichole\\_curley@brown.edu](mailto:nichole_curley@brown.edu) or [donna\\_summer\\_white@brown.edu](mailto:donna_summer_white@brown.edu) for tracking and internal audit purposes.

Type of Request: ☐ Establish ☐ Increase Amount ☐ Decrease Amount

Brown Cost Center Number and Description: \_\_\_\_\_

Cost Center Manager: \_\_\_\_\_

Phone Number and Email: \_\_\_\_\_

Responsible Person and their Work Day Role: \_\_\_\_\_

**(Note: Responsible person is someone other than the Custodian. For example, custodian's CC Manager or supervisor)**

Designated Custodian and their Work Day Role: \_\_\_\_\_

Cost Center Location: \_\_\_\_\_

Current Amount of Fund: \_\_\_\_\_ New/Revised Amount of Fund: \_\_\_\_\_

Purpose of Fund (explain/ justify the need for petty cash; include description of all anticipated expenses):

If requesting changes to an existing fund, please justify:

Cost Center Manager's signature indicates an acceptance of responsibility for the above described fund. Conditioned on the Cost Center Manager's continued adherence to Brown's **Petty Cash Policy**, (hyperlink) Cost Center Manager is hereby authorized to expense said fund provided that expenditures are consistent with department's stated Purpose of Fund. Noncompliance with Petty Cash Policy will result in forfeiture of fund.

Cost Center Manager: \_\_\_\_\_ Date: \_\_\_\_\_

**Controller's Office Use Only:**

Cost Center receiving or returning the cash: \_\_\_\_\_

Organizational BAT Key: \_\_\_\_\_ Ledger BAT KEY: 11200.G1121

Approved Amount: \_\_\_\_\_

Signature of Approval: \_\_\_\_\_ Date approved by Controller's Office: \_\_\_\_\_

**Below to be signed at the Cashier's Window by the Responsible Person following the Receipt or Return of petty cash. Please circle one. You will be asked to show your Brown ID.**

If you are increasing the amount of the fund no other form is required.

Approved amount Received: \_\_\_\_\_

Signature of party receiving approved amount: \_\_\_\_\_

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

Role and cost center of party receiving approved amount: \_\_\_\_\_

If you are decreasing the amount of the fund, please also complete the Cashier's Office Department Deposit Form (hyperlink) that can be found on the Cashier's Office website.

Approved amount Returned: \_\_\_\_\_

Signature of party returning approved amount: \_\_\_\_\_

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

Role and cost center of party returning approved amount: \_\_\_\_\_

If you are increasing the amount of the fund no other form is required.