



CALIFORNIA STATE UNIVERSITY MONTEREY BAY
Accounting Department
Application for Petty Cash or Change Fund or Postage Stamp Fund

Request for: () Petty Cash, () Change Fund, () Postage Stamp, () Gift Cards () Change Custodian

To: Director of Accounting Date: _____

From: _____ (Department Chairperson and Department Name, Bldg #, Room # - PRINT)

I, hereby, authorize _____ as custodian, whose title is _____, to replace _____ (name of prior custodian, NA), of the funds in the amount of \$ _____ for Department ID Number _____

The cash funds are to be kept secure in the following manner: safe, locking cash box or locking bank bag locked in drawer

And the individuals that will have direct access to these cash funds are:

Transfers of custody will only be accomplished after:

1. Funds are audited by controller upon transference of the funds, and closes out with prior custodian.
2. New custodian recounts the funds and signs off on the audit form showing receipt of full funds.
3. New custodian is given a copy of the audit form signed by prior custodian, new custodian and controller.
4. New custodian has received the cash fund procedures, and agrees to follow and remain in compliance with.

If for any reason a cash fund is no longer needed or there is a change in custodian, this cash fund must be turned in to the University Cashier and controller, thereby terminating the responsibility of the custodian. If the need continues, a new fund will be issued upon re-application.

Attach to this "Application" a **letter of explanation** regarding the purpose of the fund and **justification** for the dollar amount requested, and state how the funds will be kept secured and stored during non-working hours.

I accept the above stated cash fund with the understanding that I am personally responsible for the proper safekeeping and use of said funds. It is further understood that I will be personally liable for losses due to negligence and will keep the funds secured at all times. I have read and agree to petty cash procedures/regulations.

Signature of Department Chairperson	Date	Signature of Custodian	Date
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I approve the designation of the new custodian for the above stated cash fund.

Signature of Director of Accounting	Date	Processed by: _____ Signature of 'Assigned Controller'
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