

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 or 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), Page-Robinson Hall, 69 Brown Street, 2nd 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 or 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: _____

Driver Worktag: _____ Ledger Account: 11200:Petty Cash

Additional Worktag: _____ Spend Category: Petty Cash (1121)

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 please complete the Cashier's Office Cash Request Form (hyperlink) that can be found on the Cashier's Office website.

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.