

PETTY CASH APPLICATION/MODIFICATION FORM

URI Reconciliation Office
103 Carlotti Administration Building

I. Type of Request: Establish Change Item # ___ Increase/Decrease Dissolve

1. URI Department:	_____	
2. Campus Address:	_____	
3. URI Account Number:	_____	
4. Fund Custodian / Disbursing Officer:	_____	
5. Will the Imprest Fund be kept in a checking account?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6. Location of Fund (Campus/Bank Address):	_____ _____	
7. Current Amt of Fund:	_____ Increase/(Decrease) _____	
Revised Amt of Fund:	_____ Decrease Received: _____	
	<i>Reconciliation Office/Date</i>	
8. Purpose of Fund (explain/justify need for petty cash, include description of all anticipated expense):	_____ _____ _____ _____ _____ _____ _____ _____ _____ _____	
_____	_____	_____
<i>Dean/Director/Business Manager</i>	<i>Date</i>	<i>Telephone Number</i>

II. Custodian's Authorization:

9. Custodian's signature indicates that he/she has received custody of and accepts responsibility for the above described fund. Conditioned on Custodian's continued adherence to URI Petty Cash Policy, Custodian is hereby authorized to expense said fund provided that expenditures are consistent with department's stated Purpose of Fund (see #8 above). Noncompliance with Petty Cash Policy will result in forfeiture of fund.		

<i>Signature of Custodian</i>	<i>Date</i>	<i>Telephone Number</i>

III. Accounting Use Only:

Account Title:	_____	<input type="checkbox"/> General	<input type="checkbox"/> Specific	<input type="checkbox"/> Change Fund
Bank Acct Nbr:	_____	Approved Amount:	_____	
Bank Name:	_____	GL Account Nbr:	_____	
		Reconciliation:	_____	