

**OCCIDENTAL COLLEGE
DEPARTMENTAL PETTY CASH ESTABLISHMENT/CHANGE REQUEST FORM**

Send completed form to Assistant Controller-General Ledger (Coons Building)

DEPARTMENT: _____

CONTACT NAME: _____ **EXTENSION:** _____

FOAPAL: FUND _____ **ORGANIZATION** _____ **ACCOUNT 3140D**

Reason for Request (Check one):

- *Establish a new petty cash fund* Amount \$ _____

State reason(s) why your department requires an establishment of a petty cash fund:

- *Increase existing petty cash fund* Amount to increase \$ _____

- *Decrease existing petty cash fund* Amount to decrease \$ _____ (A Banner receipt from the College Cashier for the amount to be decreased must be attached to this request.)

Name(s) of Department Representative to be in charge of the departmental petty cash fund:

Department head approval signature: _____

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*This section is to be completed by the business office:*

**Does the department have a secure location for the petty cash fund? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Does the department limit the number of employees with access to the petty cash fund to no more than two? Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**Controller's approval signature:** \_\_\_\_\_

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Bring this completed form to the main cashier for fund pickup.

By signing below, both department representative and cashier agree that the amount disbursed is correct.

DEPARTMENT REPRESENTATIVE'S SIGNATURE: _____ **DATE:** _____

CASHIER'S SIGNATURE: _____ **DATE:** _____

NOTE: PLEASE ENSURE THAT YOUR PETTY CASH FUND IS SECURE. IF YOUR PETTY CASH FUND IS LOST OR STOLEN, YOUR DEPARTMENT WILL NO LONGER BE ELIGIBLE TO MAINTAIN A PETTY CASH FUND.