

UNIVERSITY SYSTEM OF NEW HAMPSHIRE

CASH FUND REQUEST

(Please type or print)

Date Requested _____

Custodian Information		
Custodian Name _____	SSN# _____ / _____ / _____	CUFS User#: CUFSU _____
Title: _____	Department Name _____	Campus Address _____

NATURE OF REQUEST

Identify the Fund	
Identifying Title of Fund: _____	Petty Cash/Change Fund # _____ <small>(if pre-existing)</small>

CREATE A NEW FUND	CHANGE THE LOCATION OR PURPOSE OF A FUND
<input type="checkbox"/> Check for NEW FUND <input type="checkbox"/> Check if CHANGE of Location or Purpose	
1. Type of Fund -----> <input type="checkbox"/> Petty Cash <input type="checkbox"/> Change <input type="checkbox"/> Imprest Checking	
2. Funds are Needed -----> <input type="checkbox"/> Indefinitely <input type="checkbox"/> Until (Date) ____/____/____	
3. Amount Requested \$ _____ _____ Responsible CUFS Account -- Fund _____ Area _____ Org _____	
4. Proposed Use of Fund _____	
5. Proposed Location of Fund (Building/Room Number) _____	
6. Provisions for Safeguarding the Fund (safe, cashbox, etc.) _____	
7. Expected Monthly Dollar Amount of Expenditures \$ _____ _____	

REQUEST FOR AN INCREASE IN FUND
From: \$ _____ _____ To: \$ _____ _____
REASON FOR INCREASE: _____

DECREASE OR CLOSE A FUND	
Beginning Amount of Fund: \$ _____ _____ with _____ Date of Deposit ____/____/____ Cashier/Bursar \$ _____ _____	<i>*Before depositing the petty cash/change fund amount no longer needed with the Cashier/Bursar, be sure to call the USNH Controller's Office (862-1624) for the CUFS account number to credit on the Department Deposit Report.</i>
Ending Amount of Fund: \$ _____ _____	

CHANGE IN CUSTODIAN			
Name of Former Custodian _____	Name of New Custodian _____	Title of former Custodian _____	Title of New Custodian _____
Attach Final Reconciliation Prepared by Former Custodian Date Received: ____/____/____ Initialled: _____	Final Reconciliation Prepared by Received by New Custodian Date Received: ____/____/____ Initialled: _____	Comments, Suggestions: _____ New Custodian is responsible until _____	

CAMPUS APPROVALS	
Signature (Custodian) _____	Date ____/____/____
Signature (Department Head) _____	Date ____/____/____
Signature (Campus Chief Financial Officer) _____	Date ____/____/____

USNH CONTROLLER'S OFFICE USE ONLY	
CUFS - Petty Cash/Change Fund # _____	<i>(use when referring to this fund)</i>
USNH Assistant Controller's Signature _____	Date _____
USNH Controller's Signature _____	Date _____
<i>(if > \$500 or checking account needed)</i>	
USNH ViceChancellor's Signature (if checking) _____	Date _____ CUFS Account Charged _____
Processed by _____	Date _____ CUFS DOC # _____