UNIVERSITY SYSTEM OF NEW HAMPSHIRE

CASH FUND REQUEST

(Please type or print)

Date Requested _____

1 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 # _____ *(if pre-existing)*

3 CREATE A NEW FUND | CHANGE THE LOCATION OR PURPOSE OF A FUND

☐ **Check for NEW FUND** ☐ **Check if CHANGE of Location or Purpose**

1. Type of Fund -------> ☐ Petty Cash ☐ Change ☐ Imprest Checking
2. Funds are Needed ------> ☐ Indefinitely ☐ Until (Date) ____/_____/_____
3. Amount Requested $_____|__ Responsible CUFS Account -- Fund _____ Area_____ Org _____
4. Proposed Use of Fund _____

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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: _____

4 DECREASE OR CLOSE A FUND

Begining Amount of Fund: $_____|_____

with Cashier/Bursar $_____|__ Date of Deposit ____/____/____

Ending Amount of Fund: $_____|_____

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.

5 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

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CUFS - Petty Cash/Change Fund # _____ *(use when referring to this fund)*

USNH Assistant Controller's Signature _____ Date _____

USNH Controller's Signature _____ Date _____

(if> $500 or checking account needed)

USNH Vice Chancellor's Signature (if checking) _____ Date _____ CUFS Account Charged _____

Processed by _____ Date _____ CUFS DOC # _____

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