



McNeese State University

REQUEST FOR PETTY CASH OR CHANGE FUND ADVANCE

Cashiers Office
Smith Hall (Round Building)
Telephone: 475-5098

(Complete all Blanks)

DATE _____

Custodian Name _____ Amount \$ _____
(Last) (First)

Job Title _____

Alternate Custodian Name _____
(Last) (First)

Job Title _____

University Address/Department _____ Telephone No. _____

Briefly explain purpose of fund _____

Physical Location of the Fund _____
(Please include Building and Room Number)

Employees with access to the key or combination _____
(Please include Name and Title)

I certify that I have read the Establishment & Administration of Petty Cash Funds policy. I agree to abide by these rules.

Signed: _____
(Custodian)

Signed: _____
(Alternate Custodian)

Approved: _____
(Department Approval)

Approved: _____
(Comptroller Approval)