Section 2.5 Establishment & Administration of Petty Cash Funds Page 5

RE	McNeese State University QUEST FOR PETTY CASH OR CHANGE FUND ADVANC	E	
Cashiers Office Smith Hall (Round Building) Telephone: 475-5098			
	(Complete all Blanks)	DATE	
Custodian Name	(Last) (First)		Amount <u>\$</u>
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

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(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)	