

# PETTY CASH FUND APPLICATION

Instructions: Please complete this form and submit it to Business & Financial Services with a Miscellaneous Form-5.

| APPLICANT INFORMATION |                    |
|-----------------------|--------------------|
| First Name            | Last Name          |
| Job Title             | Employee ID Number |

| FUND INFORMATION                        |
|---|
| Amount of Fund Requested                |
| Purpose of Fund                         |
| Where will the Fund be kept?            |
| How will the Fund be secured/protected? |

| DEPARTMENT INFORMATION                 |            |
|--|------------|
| Name of Department Head (please print) | Department |
| Department Head's Signature            | Date       |

| FUND CUSTODIAN'S ACKNOWLEDGEMENT  |      |           |
|---|------|-----------|
| PLEASE READ: I understand that I will be personally responsible for the Fund being applied for and that I am responsible for following UCSB Petty Cash Funds Policy 5255. |      |           |
| Custodian's Signature   | Date | Extension |

| BUSINESS & FINANCIAL SERVICES REVIEW AND APPROVAL |      |
|---|------|
| Signature   | Date |