

OFFICE OF THE CONTROLLER

URI Treasury - Reconciliation Office
122 Carlotti Administration Bldg

**PETTY CASH / IMPREST / CHANGE FUND
APPLICATION / MODIFICATION FORM**

Type of Request: Establish Change Item Increase / Decrease Dissolve

URI Department:

Campus Address:

Fund Custodian/Disbursing Officer:

Phone Number: Email:

Type of Fund: checking petty cash change fund Physical location:

Current Amount of Fund: Revised Amount of Fund:

Purpose of Fund (explain/
justify need for petty cash/
imprest, include description of
all anticipated expense):

If requesting changes to an
existing fund, please justify:

Custodian's signature indicates an acceptance of responsibility for the above described fund. Conditioned on Custodian's continued adherence to URI Petty Cash Policy, Custodian is hereby authorized to expense said fund provided that expenditures are consistent with department's stated Purpose of Fund. Noncompliance with Petty Cash Policy will result in forfeiture of fund.

Custodian: _____ date

Dean/Director/Business Manager: _____ date

Vice President / Provost: _____ date

Controller's Office Treasury Use Only:

Checking Petty Cash Change Fund

Account Title: _____ Approved Amount: _____

Bank Account No.: _____ Chartfield String: _____

Bank Name:: _____ date approved by Treasury Office: _____