

OFFICE OF THE CONTROLLER

URI Treasury - Reconciliation Office Carlotti Administration Bldg

PETTY CASH / IMPREST / CHANGE FUND APPLICATION / MODIFICATION FORM

Type of Request: Castablish Change Item Income	rease / Decrease		
URI Department:			
Campus Address:			
Fund Custodian/Disbursing Officer:			
Phone Number:	Email:		
Type of Fund: C checking petty cash change fu	ınd 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:			
Controller's O	Office Treasury Use Only:	date	
☐ Checking ☐ Petty Cash ☐ Change Fund			
Account Title:	Approved Amount:		
Bank Account No.:	Chartfield String:	hartfield String:	
Bank Name::	date approved by Treasury Office:	late approved by Treasury Office:	