

TO: Diana T Gonzalez
Director - Student Financials & Treasury Services

PLEASE COMPLETE THE FOLLOWING (PRINT OR TYPE):

PERSON REQUESTING FUND: _____

DEPARTMENT: _____

SUBJECT: REQUEST PETTY CASH FUND

CHECK ONE:

_____ PETTY CASH FOR DEPARTMENTAL CHANGE ORDER

_____ PETTY CASH FOR PATIENT PARTICIPANT REIMBURSEMENT

FOR THE AMOUNT OF: _____

TO BE DRAWN ON ACCOUNT#: _____ EXP DATE: _____

AUTHORIZED SIGNATURE ON ACCOUNT: _____

PRINTED NAME OF AUTHORIZED SIGNATURE: _____

REASON FOR ESTABLISHING THE FUND:

PROPOSED CUSTODIAN: _____

*CUSTODIAN'S TITLE: _____

*MUST PRESENT A VALID UTHSCSA FACULTY/STAFF PHOTO ID. _____

CUSTODIAN LOCATION/PHONE: _____

SEND COMPLETED FORM TO THE OFFICE OF THE BURSAR

OFFICE OF ACCOUNTING/BURSAR USE ONLY	
DATE: _____	FUND APPROVED: _____
	signature

CASHIER USE ONLY	
DATE CALLED: _____	NOTES: _____

PLEASE BRING ORIGINAL AND 2 COPIES TO CASHIER'S WINDOW