

PURPOSE OF USING FORM		
DATE REQUESTED _____	<input type="checkbox"/> Change Fund	<input type="checkbox"/> Petty Cash Purchases
REQUEST FOR INCREASE <input type="checkbox"/> YES	<input type="checkbox"/> Temporary	<input type="checkbox"/> Permanent
If Petty Cash Fund, does your department have a Purchasing Card?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

  

BUSINESS UNIT INFORMATION		
DEPARTMENT _____	LOCATION _____	
CASH CUSTODIAN <i>(please print)</i> _____	DATE _____	
POSITION _____	EMAIL (@memphis.edu) _____	PHONE _____
DEPARTMENT HEAD <i>(please print)</i> _____	DATE _____	
POSITION _____	EMAIL (@memphis.edu) _____	PHONE _____
TYPE OF SECURITY (SAFE KEEPING) TO BE PROVIDED FOR FUND _____		

  

FUND INFORMATION	
If Change Fund, estimate the amount of change required during the month	\$ _____
If Petty Cash Purchases, estimate the monthly purchases through the Fund	\$ _____
Amount of Fund Requested	\$ _____
Funds to be used for _____	
_____	
_____	

  

DEPARTMENTAL SIGNATURES	
We hereby certify that we have thoroughly reviewed and are familiar with University Cash Handling Procedures and will administer these funds as specified in these Procedures.	
DEPARTMENT HEAD _____	DATE _____
CASH CUSTODIAN _____	DATE _____

**UNIVERSITY & STUDENT BUSINESS SERVICES USE ONLY**

FOAPAL					
FUND	ORGN	ACCT	PROG	ACTV	LOCN
ACCOUNT NAME _____					
\$ _____			\$ _____		
Total Amount Approved for Fund			Amount to Disburse		
Approved by USBS _____					DATE _____
_____					DATE _____
_____					DATE _____
Approved by Chief Financial Officer _____					DATE _____