

**UNIVERSITY OF MONTANA**  
**Petty Cash Fund Request / Return**

Department Name:

Chair IF Approval:

Explain Why a Petty Cash Fund is Needed:

Describe How Petty Cash Fund Will Be Secured:

Does Department Have Existing Petty Cash Fund?                      Yes                      No

Amount of Petty Cash Fund Requested:

Name of Petty Cash Fund Custodian:

Number of Individuals Permitted Access to Petty Cash Fund?

Chair IF Approval:

Signature  

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Business Services/Internal Audit Use Only:

Approval:

Check Number:

Date Issued:

Training By:

Rec'd:

Date:

Audit Review  
Comments: