



THE UNIVERSITY OF MONTANA
Petty Cash Fund Request

Department Name:

Chairperson Name:

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 Approval:

Signature

Business Services/Internal Audit Use Only:

Approval:

Check Number:

Date Issued:

Training By:

Rec'd:

Date:

Audit Review
Comments: