



# Bursar & Treasury Services

Finance & Administration

UNIVERSITY OF GEORGIA

## Application for Petty Cash, Change Fund or Research Compensation Fund

### Request for:

Petty Cash Fund \$ \_\_\_\_\_ OR Change Fund \$ \_\_\_\_\_ OR

Walmart Gift Cards: \_\_\_\_\_ \$ per card \_\_\_\_\_ # of cards

Department Name \_\_\_\_\_

Chart String

_____	_____	_____	_____	_____	_____	_____
Account Code	Fund	Program	Department	Class	Operating Unit	
_____	_____	_____	_____	_____	_____	_____
Project	Activity	Chartfield 1				

Name of Custodian \_\_\_\_\_ Title \_\_\_\_\_

Name of Reconciler \_\_\_\_\_ Title \_\_\_\_\_

\*\*The Custodian and Reconciler, must be different individuals, must be full-time employees of the University of Georgia and satisfy all requirements of 5.4 Petty Cash and Change Funds Policy.

### **Application Requirements (Please ensure all items are completed in entirety)**

- Attach a letter of explanation regarding the purpose of the fund, an analysis justifying the dollar amount requested, and the dates that the fund will be utilized/closed with a projected disbursement schedule. Please include any UGA employees that will have access to use the fund in accordance with policy 5.4.
- Special Instructions: If a bank account is needed, please indicate here and include the employee (considered custodian, if someone other than custodian please provide a letter explaining the circumstances supporting another fulltime UGA employee needing access to account, subject to approval) who will need a debit card for the account. Please note that a bank account can take two months to be fully set up. **Online banking view only access will be provided to the custodian and reconciler of the account.**

If bank account is needed:

Name of Employee and Title: \_\_\_\_\_

- If traveling internationally, have you traveled to this country before as the program's custodian of petty cash? Yes  No
- **For study away programs, the International Finance Office must approve the request before it is sent to Bursar and Treasury Services.**

Location of Fund:

\_\_\_\_\_ Building Name

\_\_\_\_\_ Room Number

\_\_\_\_\_ Telephone Number

This fund and responsibility thereof is issued to the named custodian. If for any reason the fund is no longer needed or there is a change in the

