



Office of the University Controller
 Division of University Accounting
 Unrestricted and Endowments
 33 Knightsbridge Road – 2nd Fl. West Wing
 Piscataway, NJ 08854

<http://finance.rutgers.edu/financial-services/accounting>
 848-445-2029
 Fax: 732-445-5922

CUSTODIAN'S NAME: _____

(As it appears on Payroll)

TITLE: _____

EMPLOYEE NUMBER: _____

CAMPUS ADDRESS: _____

ADDRESS: _____

ADDRESS: _____

CAMPUS TELEPHONE: _____

EMAIL ADDRESS: _____

DOLLAR AMOUNT REQUESTED: _____

DEPARTMENTAL ACCOUNT: _____

(This account will be used when the petty cash fund is reimbursed or closed)

I AS CUSTODIAN UNDERSTAND THAT THIS PETTY CASH FUND REPRESENTS A PERSONAL CHARGE IN MY NAME AND THAT I MUST ACCOUNT FOR ALL EXPENDITURES AND/OR CASH TO UNIVERSITY ACCOUNTING (IN WRITING) BEFORE CHANGING POSITIONS WITHIN THE UNIVERSITY, LEAVING THE UNIVERSITY, COMPLETING MY GRANT, OR IN ANY WAY AFFECTING THIS PETTY CASH FUND ISSUED FROM UNIVERSITY FUNDS.

_____ CUSTODIAN'S SIGNATURE _____ DATE

1. WHAT IS THE PURPOSE OF THE FUND?

2. WHO WILL HAVE ACCESS TO THE FUND?

3. HOW WILL YOUR FUNDS BE PHYSICALLY SECURED?
 A. DAY _____
 B. NIGHT _____
 C. WEEKENDS/HOLIDAYS _____
4. HOW OFTEN DO YOU ANTICIPATE REQUESTING REIMBURSEMENT OF THE FUNDS?

_____ CHAIR/DIRECTOR'S APPROVAL _____ DATE _____ EXT.

_____ DIV. OF UNIVERSITY ACCTG'S APPROVAL _____ DATE

PLEASE RETURN TO: Controller's Office, University Accounting, 33 Knightsbridge Road, Piscataway, NJ 08854. Email: Pettycash@finance.rutgers.edu