CHANGE FUND/PETTY CASH ACTION FORM

Business Office - businessoffice@cwidaho.cc - 208.562.3500 phone - 208.562.3535 fax
MS 1000 - PO Box 3010 - Nampa, ID 83653 - www.cwidaho.cc

Type of Request   Establish (complete sections 1-3)   Close (complete section 4 only)

I.   ESTABLISH FUND ACCOUNT

Request to establish: ☐ Change Fund   ☐ Petty Cash Fund   ☐ Temp-Drawer

Purpose of Funds:

Custodian Name _____   **Amount Requested $** _____

Location of Funds:

☐ Ada Campus   ☐ Canyon County Campus   ☐ Truck Driving

☐ Culinary Arts   ☐ CWI at BSU   ☐ Eagle River

☐ Nampa Campus   ☐ Micron   ☐ Other _____

In the event of Lost/Stolen/Misused funds, Charge Cost Center _____

Authorizer: _____
           PRINT NAME   SIGNATURE   DATE

2.   APPROVAL (submit original form with the Payment Request Form)

BUSINESS OFFICE APPROVAL REQUIRED TO ESTABLISH CHANGE FUND/PETTY CASH

_____   _____
BUSINESS OFFICE SIGNATURE   DATE

3.   RECEIPT OF FUNDS (to be completed when funds are given to the custodian) OR TRANSFER TO MANAGER

I acknowledge that I have received $_____ and am responsible for these funds as defined in the Change Fund Procedure and the Cash Handling Procedure.

Custodian Name (print): _____   **Email** _____

Employee ID# _____   **Dept. Name & Location:** _____

Custodian Signature: _____   **Date** _____

4.   CLOSE FUND ACCOUNT (to be submitted with a Deposit Form)

I acknowledge that I'm returning the funds issued to me in the amount of $_____

Custodian Name: _____

Custodian Signature: _____   **Date** _____

Authorizer Signature: _____   **Date** _____

BUSINESS OFFICE USE ONLY

TOTAL FUNDS _____	CASHIER _____	RECEIPT # _____
DEPOSITED INTO ACCOUNT _____	SESSION _____	RECEIPT DATE _____

Business Office will retain all completed originals