



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

<http://ua.rutgers.edu>  
 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](mailto:Pettycash@finance.rutgers.edu)**