**Petty Cash Custodian Responsibility Form**

**PART I:**

**Custodian Name:** ____________________________  **Custodian Telephone:** ____________________

**E-Mail:** ____________________________  **Penn ID:** _________________

**Department Name:** ____________________________  **Responsibility Center Code:** __________

**Campus Address:** _____________________________  **Purpose:** (check one)

- General Office Purpose
- Research Study
- Other:__________________

**Petty Cash Fund Number (26-digits):**   _____ - ______ - ___ - ___________ - 1140 - ______ -______

**NOTE:** If changing Custodian, Part I should contain new custodian information.

**PART II:** (check all that apply)

- Current Fund Amount  **Amount:** $ __________

- Establishment of Petty Cash Fund (Letter of purpose required)  **Amount:** $ __________

- $ ________ increase of petty cash  **New Amount:** $ __________

- $ ________ decrease of petty cash  **New Amount:** $ __________

- Change custodian from _____________________ to _____________________

- Close Petty Cash fund: If, for any reason, a fund is no longer required, a fund must be closed by completing and submitting an on-line deposit via BEN Deposits using Object Code 1140. Deliver the summary deposit along with the cash to the Office of Cashier, Rm 101 Franklin Buidling. Then send a completed Petty Cash Custodian Responsibility Form, along with the original hand-stamped deposit sheet to: Office of the Treasurer, Room 737 Franklin Building, 3451 Walnut St. Attn: Kathy McMullen

**Part III:**

This fund and responsibility is issued to the above named custodian. I, ______________________, accept the above stated petty cash fund with the understanding that I have read Financial Policy 1506 and am personally responsible for the proper safekeeping and use of said funds. It is further understood that I will be personally liable for all shortages and losses. I understand that a reconciliation and verification of the petty cash fund should be maintained on a regular basis.

**Custodian Signature:** ______________________________________  **Date** __________

**Approved and embossed by the Dean, Director or Senior Business Administrator:**

I approve this form and understand it is the responsibility of the Senior BA to audit this fund at least annually.

**Sign Name:** ______________________  **Print Name:** ______________________  **Date** __________

**Office of the Treasurer Approval:**

**Sign & Print Name:** ______________________  **Date** __________