



California State University Los Angeles University Auxiliary Services, Inc.

PETTY CASH AUTHORIZATION FORM

Custodian (please print): _____

Dept/Project Name: _____

Dept/Project Number: _____

Purpose of Fund: _____

Amount Requested: \$ _____

Plans for safeguarding the fund from theft: _____

As a custodian, I hereby acknowledge the responsibility of \$_____ in Petty Cash Funds, located at _____ and agree to accept as a personal liability the full value of this fund and will reimburse UAS for any expenditure not documented by receipts. I have read and understand the University Auxiliary Services's Petty Cash Policy.

Petty Cash Custodian's Signature: _____

Date: _____

Dept/ Project Authorized Signature: _____

Date: _____

UAS Director of Financial Services Approval: _____

Date: _____

If you have any questions, please contact (323) 343 – 2531.