



Form EXP2000P
For Bursar Use Only

Petty Cash Funds (EXP2000P)

(Last Revised March 2010)

This form is to be used by NYU WSQ employees to provide the initial funding for a new imprest petty cash fund or to request replenishment for an existing petty cash fund. Submit completed form to General & Restricted Accounting at 105 East 17th St, 4th Floor. To obtain the cash amount for the fund, the person designated as Petty Cash Fund Custodian should take the form bearing Accounting Operations approval to the Office of the Bursar at 25 West 4th Street (www.nyu.edu/bursar/location.hours).

PETTY CASH FUND CUSTODIAN INFORMATION

1. CUSTODIAN'S FULL NAME (FIRST NAME, MIDDLE INITIAL, LAST NAME)

2. PETTY CASH # Z _ _ _ _ _

3. DEPARTMENT ADDRESS

4. DEPARTMENT TO BE CHARGED

5. CONTACT PERSON (IF OTHER THAN PAYEE) AND TEL. NUMBER

EXPENSE/ACCOUNT DETAILS

<input type="checkbox"/> REQUEST INITIAL FUNDING OR TO INCREASE BALANCE OF PETTY CASH FUND <small>(Requires EXP2000PA form)</small>	FOR BURSAR USE ONLY			6. AMOUNT
	ACCOUNT	FUND	ORG/DEPT	
<input type="checkbox"/> REQUEST TO DECREASE OR CLOSE PETTY CASH FUND	1 0 3 5 0	1 0	0 0 0 0 0	\$

REQUEST TO REPLENISH EXISTING IMPREST PETTY CASH FUNDS

7. DESCRIPTION	8. CHARTFIELD					9. AMOUNT
	ACCOUNT	FUND	ORG/DEPT	PROGRAM	PROJECT	
						\$
TOTAL EXPENSES:						\$

10. TOTAL AMOUNT OF REIMBURSEMENT (IN WORDS)

11. DESCRIPTION AND BUSINESS PURPOSE OF EXPENSE/S

12. SIGNATURES/APPROVALS: *I, the Petty Cash Fund Custodian, certify that the charges reported here are correct and that I am not claiming reimbursement from other sources for the same.*

SIGNATURE OF CUSTODIAN	EMAIL ADDRESS OF CUSTODIAN	TEL. NUMBER	DATE
NAME OF APPROVER	SIGNATURE OF APPROVER	TEL. NUMBER	DATE
CUSTODIAN AUTHORIZING ANOTHER PERSON TO PICK UP PETTY CASH (CUSTODIAN'S SIGNATURE)	NAME OF PERSON TO PICK UP PETTY CASH	SIGNATURE OF PERSON TO PICK UP PETTY CASH (To be signed in the presence of the teller or department petty cash fund custodian at time of pick-up.)	