

PETTY CASH FUND AUTHORIZATION FORM



Instructions

[Fiscal Accountability Rule 3.2 - Petty Cash Fund](#) allows a department or agency to establish a petty cash fund so that cash payments can be made for small, incidental expenses, or refunds. Establishing a petty cash fund requires the approval of the Controller's Office. It is the responsibility of the Expending Authority to administer these funds in accordance with the fiscal accountability rule.

The Expending Authority may appoint a custodian and alternates to administer the funds and delegate signature authority on the **Petty Cash Fund Authorization Form**. The appointment and signature will remain in effect until a new form is received by the Controller's Office. To delegate, change, or cancel an appointment and signature authority a new form must be submitted; when the form is received the previous form will become invalid.

Expending Authority

I acknowledge my responsibility for safeguarding city assets, conducting annual physical inventories, and complying with applicable rules for cash handling. The individual(s) listed in the Expending Authority Delegate section are authorized to act as my representative(s). I have discussed this arrangement with the delegates and they are aware of the responsibilities delegated to them and understand that their signature is an acceptance of that designation of authority. I understand that the fiduciary responsibility still remains with me.

Expending Authority (print) Expending Authority Signature Date

Request

Establish Petty Cash Account	Increase Petty Cash Account	Custodian/Alternate Signature Change
Close Petty Cash Account	Decrease Petty Cash Account	

Amount Requested: _____ New Petty Cash Limit: _____ Current Fund Amount: _____

Current Vendor ID: _____ The **Vendor ID** is required when requesting an increase to an existing petty cash or if there is a change to the Custodian or Alternate.

Reason

Department / Agency Cost Centers

Signature authority is granted to the delegates at the control level for the range of cost centers listed below.

_____	_____	_____	_____
Department or Agency	Division		
_____	_____	_____	_____
_____	_____	_____	_____
Cost Centers	Cost Centers	Cost Centers	Cost Centers

Delegates

I am aware of the responsibilities that has been delegated to me and I accept this designation authority.

	Print Name	Signature
Custodian:	_____	_____
Alternate:	_____	_____
Alternate:	_____	_____
Alternate:	_____	_____
Alternate:	_____	_____

Return

Forms with stamped signatures and hard copy forms will not be accepted.

A PDF of the original signed form shall be emailed to ctlgeneralaccounting@denvergov.org.