

CHANGE FUND/PETTY CASH ACTION FORM

Business Office - businessoffice@cwidaho.cc - 208.562.3500 phone - 208.562.3535 fax
MS 1000 - PO Box 3010 - Nampa, ID 83653 - www.cwidaho.cc

Custodian Name _____

Amount Requested \$

Location of Funds:

Ada Campus

Canyon County Campus

Truck Driving

Culinary Arts

CWI at BSU

Eagle River

Nampa Campus

Micron

Other

In the event of Lost/Stolen/Misused funds, Charge Cost Center

Authorizer:

PRINT NAME

SIGNATURE

DATE

BUSINESS OFFICE APPROVAL REQUIRED TO ESTABLISH CHANGE FUND/PETTY CASH

BUSINESS OFFICE SIGNATURE

DATE

I acknowledge that I have received \$ _____ and am responsible for these funds as defined in the Change Fund Procedure and the Cash Handling Procedure.

Custodian Name (print): _____ Email

Employee ID# _____ Dept. Name & Location:

Custodian Signature: _____ Date

I acknowledge that I'm returning the funds issued to me in the amount of \$ _____

Custodian Name:

Custodian Signature: _____ Date

Authorizer Signature: _____ Date

BUSINESS OFFICE USE ONLY

TOTAL FUNDS _____ CASHIER _____ RECEIPT #

DEPOSITED INTO ACCOUNT _____ SESSION _____ RECEIPT DATE