NYU STEINHARDT

OFFICE OF ADMINISTRATION & FINANCE

REQUEST TO ESTABLISH PETTY CASH FUND (IMPREST)

Use this form to request the establishment of an imprest petty cash fund for your department or unit.

1. Submit this completed form to the Office of Administration and Finance at 627 Broadway, 7th floor for the "Approval of Fund Establishment" signature.
2. Submit this signed form to General and Restricted Accounting at 105 East 17th Street, 3rd floor.
3. To obtain cash to open fund, the designated Petty Cash Fund Custodian should take the form bearing General and Restricted Accounting's approval to the Office of the Bursar at 25 West 4th Street.

DEPARTMENT/UNIT	**AMOUNT**	**PETTY CASH FUND NUMBER** (*For General and Restricted Accounting Use)*

DESCRIPTION OF PETTY CASH FUND

PURPOSE OF THE FUND *(Describe the nature of expenses that will be paid using the fund)*

ESTIMATED TWO-WEEK USE OF FUND	**IF APPLICABLE, FUND END DATE AND PROJECT NUMBER**

JUSTIFICATION FOR ESTABLISHING THE FUND *(Explain why other university processes cannot be utilized for petty cash requirements)*

MEASURES TAKEN TO SAFEGUARD THE FUND

APPROVALS

PERSON DESIGNATED AS CUSTODIAN *(Print)*	**NET ID**	
SIGNATURE *(I certify that I have read and understand the University's policies related to petty cash funds)*	**TEL. NUMBER**	**DATE**

PERSON DESIGNATED AS ALTERNATE CUSTODIAN *(Print)*	**NET ID**	
SIGNATURE *(I certify that I have read and understand the University's policies related to petty cash funds)*	**TEL. NUMBER**	**DATE**

PERSON DESIGNATED AS APPROVER *(Responsible for reconciliation approval; Print)*	**NET ID**	
SIGNATURE *(I certify that I have read and understand the University's policies related to petty cash funds)*	**TEL. NUMBER**	**DATE**

APPROVAL OF FUND ESTABLISHMENT *(Office of Administration and Finance approval)*	**TEL. NUMBER**
SIGNATURE	**DATE**

GENERAL AND RESTRICTED ACCOUNTING APPROVAL	**DATE**