



**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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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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.