



The purpose of this form is to request funds belonging to CU Medicine, in the amount of \$_____ (typically \$100.00, but a maximum of \$200.00 allowed) constituting a CU Medicine Change Fund Drawer.

Custodian of Funds: _____

Date of Request: _____

Department: _____

Division: _____

Amount: _____

Clinic Name: _____

Address: _____

Telephone: _____

I further agree to render a proper accounting for disbursements made and, upon demand to account for the total amount of this fund and to pay over to the Finance or his/her duly appointed representative, the balance of the fund.

Send by email to FinanceGeneral@cumedicine.us

Submit by Email

FOR FINANCE TO COMPLETE:

Petty Cash Bank Account: _____

Main Account: 1110