

# Petty Cash or Imprest Bank OPEN, CHANGE CUSTODIAN, or INCREASE Request Form Instructions

FIELD	FIELD DETAILS AND INSTRUCTIONS
REQUEST	Use the drop down menu to indicate the reason for the request. Open, Change Custodian or Increase.
CURRENT AMOUNT	If this request is for an existing Petty Cash or Imprest Bank, please confirm the current value of your fund.
NEW AMOUNT	If this request is to OPEN a new Petty Cash or Imprest Bank account, or a change in value is required, please confirm the value required.
BUS. AREA	Choose from the drop down menu to indicate your business area.
DELIVERY OPTION	Choose either Campus Mail or Pick up from FSD at 215 Huron Street, 2 <sup>nd</sup> Floor
REQUEST DATE	Select the date of your request.
PURPOSE AND USE OF PETTY CASH or IMPREST BANK ACCOUNT or reason for INCREASE	Indicate the purpose of the request. An example would be when establishing a new Petty Cash, "the Petty Cash is required for small office purchases where other forms of payments are not available."
NAME OF CUSTODIAN	Custodian name who is responsible for the Petty Cash or Imprest Bank Account or is a new custodian to an existing fund.
PERSONNEL No.	Custodian personnel number.
FIS VENDOR No.	Custodian vendor number. If this is a request for a new Petty Cash or Imprest Bank Account, leave this blank.
NAME of PREVIOUS CUSTODIAN	For a change in Custodian, please indicate the previous Custodian.
CUSTODIAN DEPARTMENT AND COMPLETE CAMPUS ADDRESS	Provide the Custodian's department and complete campus address. This confirms the location of the Petty Cash or the Imprest Bank Account.
CUSTODIAN PHONE #	Custodian phone number.
CUSTODIAN FAX #	Custodian fax number.
CUSTODIAN EMAIL	Custodian email address.
DECLARATION	The declaration identifies the responsibilities of the Custodian for the Petty Cash or Imprest Bank Account. By signing this form, the custodian understands the policies and procedures relating to the purpose and use of these funds as published in the Guide to Financial Management.
CUSTODIAN SIGNATURE	Custodian signature confirms understanding of the declaration and the information provided on the form is correct.
DEPARTMENT CONTACT	Provide a department contact if they are different from the Custodian.
DEPARTMENT	Confirm the department contact department if different from the Custodian.
DEPARTMENT CONTACT PHONE #	Confirm the department contact phone number if different from the Custodian.
DEPARTMENT CONTACT EMAIL	Confirm the department contact email address if different from the Custodian.
AUTHORIZED APPROVER NAME	Authorized Approver is the head of the department and is required to authorize Financial Services to OPEN, CHANGE CUSTODIAN or INCREASE the Petty Cash Fund or the Imprest Bank Account.
AUTHORIZED APPROVER TITLE	Authorized Approver title.
AUTHORIZED APPROVER SIGNATURE	Authorized Approver signature confirms the information provided is correct and to proceed with the request.
ORIGINAL FORM REQUIRED	Forward the form with original signatures to Financial Services Department, Accounts Payable, 2 <sup>nd</sup> Floor, 215 Huron Street for processing.
PRINT FORM	Click to print.
SPECIAL INSTRUCTIONS FOR IMPREST BANK ACCOUNT	Imprest Bank Accounts require the use of cheques managed by the custodian of the account. When an Imprest Account is established or signatories are changed, a signature card is required. Please contact <a href="mailto:banking.fsd@utoronto.ca">banking.fsd@utoronto.ca</a> for assistance with signature cards and cheques.