

**UNIVERSITY OF GUAM
PETTY CASH AUTHORIZATION FORM**

DATE: _____

DEPARTMENT: _____

MAXIMUM FUND LIMIT: _____

PETTY CASH CUSTODIAN: _____
(Type or Print Name)

CUSTODIAN'S SIGNATURE: _____

I authorize the above referenced individual to be the petty cash custodian.

APPROVAL NAME: _____
(Print or Type)

APPROVAL SIGNATURE: _____
(Dean or Director)

University Business Office use only

Date Established: _____

Accounting Distribution: _____

**Controller's Office (or designee) Approval
Signature:** _____