



Office of the Comptroller
Cashier's Office
881 Commonwealth Avenue
Boston, Massachusetts 02215
617/353-3896

Petty Cash Fund Number	
101-	-0

**PETTY CASH FUND
AUTHORIZED SIGNATURE FORM**

Please complete Parts A, B & C and return the form to the Cashier's Office at the above address.

Part A

Date:	
Department Name:	
Unit/Department Code:	
Telephone:	

The personnel listed below are authorized to replenish petty cash as of the above date:

Part B

	Employee ID Number	Name: Last, First, Initial	Signature
Custodian			
Alternate			
Alternate			

The primary authorized signature must be a Dean, Director or Department Head and cannot be the custodian of the fund. However, the primary authorized signer may authorize petty cash transactions in the absence of the custodian.

Part C

Primary Authorized Printed Name:	
Primary Authorized Signature:	

This form supersedes all prior forms covering petty cash custodians.