



UNIVERSITY  
OF MANITOBA

Travel Services  
Request for Petty Cash Fund

Employee Name: \_\_\_\_\_ Employee # \_\_\_\_\_  
(must be full time employee)

Department/Address: \_\_\_\_\_

\_\_\_\_\_

Location of fund: \_\_\_\_\_

Date of Request: \_\_\_\_\_

Name of Staff responsible for fund: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Location of petty cash fund: \_\_\_\_\_

Amount Required: \$ \_\_\_\_\_

Purpose of the funds requested \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am requesting the above-noted funds for University related expenses. I understand these funds are to be used in accordance with the University's Petty Cash policy #305 and/or University Travel policy #317.

Authorized Signature (Dept Head) \_\_\_\_\_

Comptroller's Office approval \_\_\_\_\_

Please send to: Travel Services – 416 Administration Building, or Fax: 474-7925