



USER INFORMATION

AGENCY	EMPL ID NUM	EMPL NAME	EMPL PCN	REQUEST TYPE
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GENERAL INFORMATION

This form will give the employee authority as a Custodian for a Petty Cash or Change Fund as notated below.

AUTHORITY

**ALASKA ADMINISTRATIVE MANUAL
SECTION 50.210. PETTY CASH.**

All petty cash funds are advanced from an "Imprest Cash" account in the general fund. Authorizations are not charged when these funds are established. Only one petty cash fund may be established for each major office or location with a department. The total of each petty cash fund may not exceed one and one-half times the average monthly activity. Disbursements from petty cash should be kept small, not more than a few dollars to pay postage due and similar modest transactions. A request to establish a petty cash fund will be submitted to the Division of Finance.

The law that authorizes petty cash funds ([AS 37.05.165](#)) provides that

The Department of Administration shall determine the amount of the petty cash accounts needed by each State agency and inspect the petty cash accounts at least once each year to determine that the total, plus amounts of receipts for unreplenished disbursements, is equal to the fixed sum of cash set aside. The department shall adopt necessary regulations governing the use and replenishment of petty cash funds.

Except in unusual circumstances, each petty cash fund is in the sole custody of a single employee. Each custodian must reimburse the petty cash fund at least twice a month. Failure to request reimbursement at this rate is considered an indication that the activity of the fund is such that it is not needed or that it should be reduced. Reimbursement is obtained by preparing a voucher supported by satisfactory evidence of disbursements. The details of expenditures made from the petty cash fund must be listed on the front of the petty cash envelope when the fund is reimbursed. The petty cash envelope (with receipts) enclosed must be used for all reimbursements. All disbursements from petty cash will be for authorized purposes only. A petty cash fund may not be used to cash checks for the convenience of employees or other persons.

Should a petty cash fund need to be temporarily closed for a period of 60 days or more, for example, while an AMHS ferry is in dry dock, the entire fund should be deposited back into the fund from which it was drawn. When the cash drawer is needed to be back in service, a new petty cash warrant will be issued to replenish the fund.

As of June 30 each year, a special cash count and certification are required for each petty cash fund. Forms for the count are supplied by the Division of Finance prior to June 30. The verification should be completed promptly and one copy of the verification should be returned to the Division of Finance. In addition, each department requesting a fund is responsible for making periodic, unannounced cash counts of the funds assigned to it.

The Division of Finance may deduct the entire balance of a fund from the final pay of any employee who has not cleared a fund upon termination.

If the custodian deems it necessary to place the petty cash in a bank account, the Cash Management Section is to be contacted to obtain instructions for establishing the account.

**ALASKA ADMINISTRATIVE MANUAL
SECTION 50.220. CHANGE FUNDS.**

Change funds are established and controlled in the same manner as are petty cash funds, but are strictly revolving funds and require no replenishment.

The number of change funds needed by an agency depends on the number of locations where collections in the form of coin and currency are regularly received. If an agency collects coin and currency on an infrequent basis a change fund should not be needed.

Cash collections should not be kept with a change fund after the close of a business day. Each change fund must be kept in a suitable container during business hours. During non-business hours, the container must be stored in a secure facility.

Should a change fund need to be temporarily closed for a period of 60 days or more, for example, while an AMHS ferry is in dry dock, the entire fund should be deposited back into the fund from which it was drawn. When the cash drawer is needed to be back in service, a new change fund warrant will be issued to replenish the fund.

Requirements pertaining to verification of petty cash funds also apply to change funds.

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CUSTODIAN LIABILITY AGREEMENT

LOCATION	AMOUNT \$	EFFECTIVE DATE	PCF ID
PETTY CASH FUND AMOUNT	CHANGE FUND AMOUNT	OUTSTANDING RECEIPT(S) AMOUNT	CASH ON HAND AMOUNT
\$	\$	\$	\$

I, the custodian of the Petty Cash / Change Fund located at _____, in the amount of \$ _____, accept full responsibility of this fund, effective _____, and understand I am personally liable for any shortage of the fund that occurs during the period of my custodianship. My employee number is _____, and my ID is PCF _____.

I have read and understand the guidelines specific in the Alaska Administrative Manual, Section 50.210 or Section 50.220 as applicable.

The petty cash/change fund monies belong to the Department of Administration, Division of Finance in Juneau, and we are accountable to them when we have a change in custodians.

Your location, _____ has a petty cash/change fund of \$ _____.

Please indicate what your distribution is for each fund. You may or may not need or have a change fund for your location.

Petty Cash Fund \$ _____ / Change Fund \$ _____

Your signature below indicates that you have been notified that you are the petty cash custodian and you have verified the amount of the funds at your location.

Outstanding Receipt(s) Amount: \$ _____ / Cash On Hand Amount: \$ _____

PRINTED NAME

SIGNATURE

DATE

DELEGATION ACKNOWLEDGMENT

I delegate the authority and responsibility of the above petty cash / change fund to the new custodian, _____, to maintain and control the fund as per [AS 37.05.165](#), [AAM 50.210](#), and [AAM 50.220](#).

PRINTED NAME, TITLE

SIGNATURE

DATE

FINANCE OFFICER ACCEPTANCE

Please sign and return this form to your department's Finance Officer found at <https://doa.alaska.gov/dof/acct/sfoa.html>

PRINTED NAME

SIGNATURE

DATE

Once finalized, submit this form via Email to: DOA.DOF.AcctSvcs@alaska.gov

If Request Type is ACFR Reporting, please submit this form to DOA.DOF.ACFR.Letters@alaska.gov