UNIVERSITY of NORTH CAROLINA
ASHEVILLE

Petty Cash Agreement for Fiscal Year: 2025 - 2026
Department: Department

I, Name, have been issued a petty cash fund for the 2023 - 20242 fiscal year in the amount of $Amount, by the UNC Asheville Administration and Finance Department. I understand that I am personally responsible for these funds and agree to repay this amount to the UNC Asheville petty cash fund at any time upon the request of the Vice Chancellor for Administration and Finance. Furthermore, I agree to abide by the following conditions:

1. All expenditures are to be substantiated by paid invoice or receipt.
2. The petty cash funds must be kept in a secured and locked location.
3. No personal funds or other funds are to be mixed with petty cash.
4. No personal I. O. U.'s are to be put into petty cash.
5. The Director of Student Accounts, the Vice Chancellor for Administration and Finance, the Internal Auditor for the University of North Carolina at Asheville, and the State Auditors of North Carolina will have access to this fund upon proper identification.
6. All expenditures from petty cash will meet the requirements of the account to which they are charged.
7. Petty cash reimbursements will be reimbursed no less than quarterly with approved check request forms submitted within 10 days after the end of each calendar quarter. Reimbursements for the quarter/year ending June 30th, shall be submitted no later than two (2) weeks prior to quarter/year end.
8. Travel expenses and stipends may not be paid from petty cash funds.
9. When this Petty Cash Fund or the project has been completed or if the responsibility for the Petty Cash Fund is transferred to another person, turn in the funds to the Cashier's Office in order to release you from the responsibility for this fund.

By signing below I acknowledge that I have read the conditions above and agree to adhere by them.

______________________________ 6/9/2023 ______________

Name Phone/Extension

By signing below I acknowledge that I have read the conditions above and will ensure that they are met. I also agree that in the case of employee separation I (the supervisor) will notify the Cashiers Office to have the Petty Cash fund turned in and reassigned to another individual within the department if needed.

Supervisor:

______________________________ ______________

Date

______________________________ ______________

Printed Name Phone/Extension