

University of Miami
Travel/Disbursement Office
Petty Cash Fund

NAME AND ADDRESS PROFILE

Please complete each section below. This information is required and must be provided. Any missing or incomplete information will delay the processing of your request.

Custodian: _____

Department: _____

**Interoffice
Mailing Address:** _____

Locator code: _____

UM ID#: _____

Campus: _____

**Department
Account #:** _____

UM Phone #: _____

Fund Amount: _____

**Date Fund
Opened/Trans.:** ____/____/____