PETTY CASH EXPENDITURES REQUEST FORM

FORM REQUEST INFORMATION

DEPARTMENT NAME	EMPLOYEE NAME	CHECK PAYABLE TO:

◯ Interdepartmental ◯ Pick-Up

RCPT #	DATE	DEPT	SUB-UNIT	OBJECT	AMOUNT	DESCRIPTION

EXPENDITURES:		TOTAL PETTY CASH:	
CASH ON HAND:		(OVER OR SHORT):	
TOTAL:		Attach Files Before Signing	

I certify that to the best of my knowledge the information given is true and correct.

SUBMITTED BY:	APPROVED BY: (*Department Head or Elected Official*)

Forward to Department Head Approval DATE SUBMITTED:

Send back to Department Representative **E-Mail Form to GAX1Payments**