Petty Cash Account Application

Department Name: __________________________________________________________

Location: __________________________________________________________________

Department Number: _______________________________________________________

Contact Name (for Petty Cash): _______________________________________________

Contact Email: __________________________________________________________________

Contact Phone Number and Extension: __________________________________________

Amount of Petty Cash Requested: ______________________________________________

Purpose of Petty Cash: _______________________________________________________

Prepared by

Full Name: ____________________________________________________________

(Please print) ______________________

Phone #: ______________________

Date: ______________________

Signature: ______________________

Approved by*

Full Name: ____________________________________________________________

(Please print) ______________________

Position: ______________________

Date: ______________________

Signature: ______________________

*Please note that this form should be approved by the Department Head or higher, and that the Department Head (or delegate) is responsible for ensuring prudent handling of the petty cash funds.

~Please return the completed and approved form to General Accounting, Financial Services~

For Financial Services Use Only

Application Approval – Manager, Banking and Merchant Operations

Name: Rodney Myers

Date: ______________________

Signature: ______________________

2015-10-21