

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 – Associate Director, General Accounting

Name: _____

Date: _____

Signature: _____