

Serving individuals with developmental disabilities

PETTY CASH REQUISITION FORM

Requested By:	Request Date:		
Supervisor's Approval:	Date:		
Director of Finance's Approval:	Date:		

<u>Note, petty cash will only be used for purchases of \$10 or less</u>. In the space below please explain what will be or has already been purchased and why the purchase is needed. Only purchases that are for business-related needs will be considered for approval.

The person requesting petty cash funds should only complete the Item(s) to be Purchased and Estimated Cost sections below. The Accounting Department will complete the rest.

	Estimated	Actual	Change	
Item(s) to be Purchased	Cost *	Cost **	Submitted	Balance Due Requestor ***
GRAND TOTAL				

* This is the amount of petty cash to be given to requestor

** Attach receipt(s) to Petty Cash Request Form

** * Only applicable if actual cost exceeds estimated cost

Accounting Use Only:	
Person Receiving Petty Cash	Date
Staff Issuing Petty Cash	Date
Staff Receiving Receipts/Change	Date