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	Approved by*
Full Name: _____	Full Name: _____
(Please print)	(Please print)
Phone #: _____	Position: _____
Date: _____	Date: _____
Signature: _____	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 fund

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

For Financial

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