

REQUEST FOR PETTY CASH SUB-FUND

NAME OF PERSON REQUESTING FUND _____

NAME OF DEPARTMENT _____

AMOUNT OF PETTY CASH SUB-FUND REQUESTED _____

ACCOUNT NUMBER TO BE CHARGED _____ **OBJECT CODES** _____

INTENDED USE OF PETTY CASH SUB-FUND:

JUSTIFICATION FOR PETTY CASH SUB-FUND:

NAME OF CUSTODIAN: _____ **TELEPHONE:** _____
SOCIAL SECURITY NUMBER: _____

NAME OF CO-CUSTODIAN: _____ **TELEPHONE:** _____
SOCIAL SECURITY NUMBER: _____

LOCATION OF PETTY CASH SUB-FUND: _____

SIGNATURE OF CUSTODIAN: _____ **DATE:** _____

SIGNATURE OF CO-CUSTODIAN: _____ **DATE:** _____

SIGNATURE OF DEPT. DIRECTOR: _____ **DATE:** _____

APPROVAL OF CONTROLLER/DESIGNEE: _____ **DATE:** _____