PETTY CASH YEARLY AUTHORIZATION

(This form should be completed for **EXISTING** Petty Cash/Imprest funds)

Business Area Name: _____

Business Area #: _____ **Fund # Petty Cash Authorized in:** _____

Fund #(s) Petty Cash will be Reimbursed from: _____

_____

Amount Requested for Authorization: _____

Average Quarterly Reimbursement Amount: _____

Check One: Bank Account Cash Box

Vendor Name: _____

Vendor #: _____

Justification of Use: _____

_____

_____

CUSTODIAN INFORMATION

Person Responsible for Petty Cash: _____

Contact Phone Number: _____

Contact Email: _____

_____ _____

(Verified By) Date

_____ _____

(Business Area Head or Designee) Date

Please attach copy of Petty Cash procedures