

PETTY CASH YEARLY AUTHORIZATION

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

Agency Name: _____

Agency #: _____ Fund: _____ Appropriating Unit: _____

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

(Agency Head or Designee)

Date

Please attach copy of Petty Cash procedures

