Southfield Public Schools

September 8, 2014

Petty Cash Fund Request & Custodian Agreement

See **Board Policy 6620** http://www.neola.com/southfield-mi/
See **Business Office Procedures Manual/Petty Cash**

Date _____

_____ _____
Requested By **Building/Department**

Describe need or purpose for Petty Cash: _____

_____

_____

_____

Amount Requested (not to exceed $200) _____

Once a petty cash fund is established, I understand that I must follow the District's Petty Cash Procedures and am responsible for the full amount of the petty cash fund.

_____ _____
Signature Date

_____ _____
Printed Name Title

Send the completed form to the Finance Department, Attention: Becky Farwell, Accountant.

Request must be approved by Superintendent or Designee.

Finance Department Use Only

Request has been: Approved ☐ Denied ☐

Amount Approved _____

_____ _____
Signature Date

G/L Account _____
Vendor #/Custodian _____
Check # _____
Date _____

_____
Printed Name, Title

Funds returned prior to end of fiscal year

Date: _____

Amount of Cash		Amount will deposited
Total of Petty Cash Report		Amount will be expensed
Total (should equal approved amount)		The custodian shall be held liable for any shortage.

Returned by: _____ Date: _____
Received by: _____ Date: _____