



North Carolina School of the Arts

REQUEST FOR DEPARTMENTAL PETTY CASH AND/OR CHANGE FUND

To: Controller

FROM: _____

DATE: ___/___/___

Location of Department Change Fund: _____

Amount Requested For That Fund: _____

The following is a request for authorization to establish a departmental petty cash fund: Department: _____

Location of Departmental Petty Cash Fund: _____

Amount requested for Fund: _____

Employee Responsible for Departmental Petty Cash Fund	Job Title	Telephone Number	Email Address
PRIMARY:			
ADDITIONAL:			

NOTE: The primary contact person denotes the person responsible for overseeing the petty cash activity, maintaining a petty cash process consistent with school policy, and reconciliation of the Fund.

Purpose for Departmental Petty Cash Fund	FRS 10-Digit Account(s) to be charged

Department Head Approval: _____ / ___/___

Signature Date

Controller's Approval: _____ / ___/___

Signature Date

Purchasing Director's Approval: _____ / ___/___

Signature Date