

UNIVERSITY OF LOUISVILLE

PETTY CASH REQUISITION FORM

CONTROLLER'S OFFICE

PAYEE'S COMPLETE MAILING ADDRESS 	Departmental Name: _____ Departmental Contact: _____ Phone: _____ /EMAIL (OPTIONAL) _____ 						
<u>PS Vendor Number:</u> _____ DATE: _____	(CHECK ONE) <table style="width:100%; border: none;"> <tr> <td style="width:33%; text-align: center;">New Fund</td> <td style="width:33%; text-align: center;">Supplement</td> <td style="width:33%; text-align: center;">National City</td> </tr> <tr> <td style="text-align: center;">Replenish</td> <td style="text-align: center;">Close</td> <td style="text-align: center;">Gift Card</td> </tr> </table>	New Fund	Supplement	National City	Replenish	Close	Gift Card
New Fund	Supplement	National City					
Replenish	Close	Gift Card					
<u>Line Description Information:</u> <u>Please attach petty cash receipts, and/or additional explanations as needed. For new or supplemental funds, please justify need and amount of requested fund.</u>							
TOTAL	\$						

SPEED TYPE	ACCOUNT	AMOUNT
		\$
		\$
		\$
		\$
TOTAL		\$

***Each of the undersigned certify that they have read and understand the Petty Cash Policy and Procedure Currently in effect, including the custodial responsibilities.**
