UNIVERSITY OF LOUISVILLE

PETTY CASH REQUISITION FORM

CONTROLLER'S OFFICE

PAYEE'S COMPLETE MAILING ADDRESS	**Departmental Name:**_____ **Departmental Contact:** _____ **Phone:** _____**/EMAIL (OPTIONAL)**_____
PS Vendor Number: _____ **DATE:** _____	**(CHECK ONE)** **New Fund** ☐ **Supplement** ☐ **National City Gift Card** ☐ **Replenish** ☐ **Close** ☐

Line Description Information: **Please attach petty cash receipts, and/or additional explanations as needed. For new or supplemental funds, please justify need and amount of requested fund.**	**AMOUNT REQUESTED**
TOTAL	**$** $0.00

SPEED TYPE	**ACCOUNT**	**AMOUNT**
		$
		$
		$
		$
TOTAL		$ $0.00

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

Custodian Signature	Date	Custodian Printed	
Authorized Signature	Date	Authorized Printed	
Supervisor Signature	Date	Supervisor Printed	