

# REQUEST FOR PETTY CASH CHECK

Date of  
Request

Pay Period Ending  
Date

Employee  
Name

Personnel Number

Payroll:

Department Name

Biweekly

Monthly

Responsible Account #

Cost Center/WBS#

Gross Amount Due:

Amount of Petty Cash Check

Reason for Request:

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## Approvals:

HR/Payroll  
Approval

Business Mgr/  
Admin Director  
(optional)