TRINITY UNIVERSITY

REQUEST FOR PETTY CASH

Department:	Acct. No.:
Requested by:	
Approved by: Chairperson/Director	Date:
Vice President	Date:
Check One:	Type of Fund Requesting:
Establish New Fund	Imprest Fund
Increase Existing Fund	Change Fund
Change Custodian/Responsible Persor	
Amount Requested:	\$
Designated Custodian/Cashier:	
Designated Responsible Person:	
Justification (explain necessity – please be specific):	
BUSINESS OFFICE USE	
Approved by	Data
Approved by: Denied by:	Data
Denied by:	Date.
Reason:	

Acct. Payable

Department

Copies to:

Business Office