PETTY CASH REQUEST FORM

- For Agency Account purchases, please email bursaroffice@highlands.edu to obtain permission and ensure there are excess funds in the Agency Account.
- If e-mail is used for approval, a printed copy **must** be submitted with this form.

### REQUESTOR’S INFORMATION

<table>
<thead>
<tr>
<th>Today’s Date: __________________________</th>
<th>Date of Purchase: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name: _________________________________</td>
<td>Department: _______________________________</td>
</tr>
<tr>
<td>Amount Requested: ______________________</td>
<td>Purpose of Purchase: ______________________</td>
</tr>
</tbody>
</table>

### PURCHASING INFORMATION

| Did you attach a receipt? YES □ NO □ If no, why? __________________________________________ |
|---------------------------------------------|---------------------------------------------|
| Is total daily purchase amount under $50? YES □ NO □ If no, please fill out a Payment Request Form. |
| Was this a Food Event or Purchase? YES □ NO □ If yes, attach the *GHC Student Life Event Form. |
| Did you email Accounts Payable to approve purchase is allowable by the State of Georgia? YES □ NO □ |
| If no, obtain Accounts Payable Signature: _______________________________________________ |
| Did you email Budget Office to approve budget has excess funds for purchase? YES □ NO □ |
| If no, obtain Budget Office Signature: _______________________________________________ |

*GHC Student Life Event Form must have proper signatures and have been filed prior to the event.

**For Agency Accounts, see instructions at the top of this form.

***If email is used as approval, see instructions at the top of this form.

### REQUIRED SIGNATURES

*NOTE: If you are requestor, you **cannot** be the supervisor.

<table>
<thead>
<tr>
<th>Requestor’s Supervisor Signature: __________________________</th>
<th>Date: __________________________</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cashier Signature: ______________________________________</td>
<td>Date: __________________________</td>
</tr>
<tr>
<td>Recipient’s Signature: ____________________________________</td>
<td>Date: __________________________</td>
</tr>
</tbody>
</table>

### FOR ACCOUNTING SERVICES USE ONLY

| FUND: __________________________ DEPARTMENT: __________________________ PROGRAM: __________________________ |
|------------------------------------------------------------|---------------------------------------------|
| CLASS: __________________________ ACCOUNT: __________________________ |