PETTY CASH REQUEST FORM

- For Agency Account purchases, please email bursarsoffice@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

Today’s Date: __________________________ Date of Purchase: __________________________
Name: ________________________________ Department: ______________________________
Amount Requested: _____________________ Purpose of Purchase: ______________________

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.

Requestor’s Supervisor Signature: __________________________ Date: _______________________
Cashier Signature: __________________________ Date: __________________________
Recipient’s Signature: __________________________ Date: __________________________

FOR ACCOUNTING SERVICES USE ONLY

FUND: __________________ DEPARTMENT: __________________ PROGRAM: ________________
CLASS: __________________ ACCOUNT: __________________