



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 submit an Expense Report.
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: _____