

PETTY CASH REQUEST FORM

DATE

BUSINESS OFFICE (585) 385-8055

DAVEE NAME

CITY, STATE, ZIP REQUESTED PHONE NUMBER PAYMENT DATE	FAILE NAME	DATE		
PHONE NUMBER REQUESTED PAYMENT DATE	ADDRESS	BANNER FOAP		
QUANTITY DESCRIPTION UNIT PRICE TOTAL PRICE	CITY, STATE, ZIP PHONE NUMBER			
REQUESTOR NAME Print APPROVER SIGNATURE REQUESTOR NAME SIGNATURE				
REQUESTOR NAME Print Print APPROVER APPROVER SIGNATURE	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
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NAME Print Print APPROVER SIGNATURE			TOTAL →	
APPROVER SIGNATURE	NAME	NAME		
Date	Prin	APPROVER		
				Date

INSTRUCTIONS

Please print legibly and complete the entire form. "On File" is not an acceptable response, even if the payee has been used in the past.

PAYEE NAME, ADDRESS, CITY, STATE, ZIP and PHONE NUMBER:

- The payee name, complete mailing address and telephone number are ALL required.
- The person's legal name must be provided with middle initial, i.e. William E. Smith (not Bill Smith).

DATE

· Date of the request.

BANNER FOAP:

Provide complete FOAP (Fund, Org, Account, and Program) to be charged for the total amount listed above.
 If more than one FOAP is appropriate, then individually list each complete FOAP and the amount to be charged.

REQUESTED PAYMENT DATE:

· Date by which petty cash is needed.

QUANTITY, DESCRIPTION, UNIT PRICE, and TOTAL PRICE:

- For each item provide quantity, a complete description and the unit price.
- Complete and attach all documentation necessary to support payment for the items listed.
 Receipts clearly indicating the purchase <u>must</u> be provided.
- These funds may <u>not</u> be used to pay **New York State Tax**. Contact the Business Office for a copy of the College's Tax Exempt Certificate. Any tax paid with these funds will be collected from the payee in a manner consistent with the College's policy.
- Any unused funds MUST BE RETURNED TO THE STUDENT ACCOUNTS OFFICE WITHIN 25 DAYS and deposited back in to the account
 that the funds were taken from.

REQUESTOR NAME:

• Person completing the form and requesting the petty cash for the Payee.

APPROVER NAME, SIGNATURE, and DATE:

• The Budget Manager (person responsible for <u>each FOAP</u>) must print their name, sign, and date the form indicating their approval of this payment. An individual cannot request *and* approve petty cash for personal reimbursement. Therefore, a payment to a Budget Manager requires their Supervisor's approval. The Payee *and* the Approver cannot be the same person.