



TOWN OF MARANA
Request for Establishment of a Petty Cash Fund

Date []

From: [] []

I would like to request petty cash in the amount of []

The fund will be used for the following public purpose(s): []

I have read and understand the Petty Cash Fund Administrative Directive. I agree to abide by all applicable Federal, Grantor Agency, Town and/or Department regulations, policies and procedures. In the event of a fund overage or shortage, I agree to notify my supervisor immediately. I understand that personal funds cannot be used to eliminate shortages and excess funds cannot be removed to eliminate overages. I understand that inappropriate use of the fund may result in disciplinary action.

At the end of my assignment as a petty cash fund custodian, I agree to return all monies advanced to me to my supervisor as directed. If all fund monies are not returned prior to the end of my duties, I authorize the Town of Marana to deduct any missing funds from my paycheck.

Signature of Custodian

Approval signatures:

Supervisor: []

Department Head: []

Signature of Supervisor

Signature of Department Head

Finance Department Approval Signature

Date