STATE OF MAINE

PETTY CASH FUNDS
AUTHORIZATION UPDATE

DEPT/AGENCY NAME _____ PETTY CASH DEPARTMENT (EX: 10A) _____

DEPT/AGENCY PHONE _____ OLD P# _____ VENDOR CODE _____

ORIGINAL CUSTODIAN NAME _____ PHONE _____

NEW CUSTODIAN NAME _____ PHONE _____

REQUESTED BY:

DEPT OFFICAL SIGNATURE _____ DATE _____

Department/Agency, Chief Financial Officer

FUND _____ DEPT _____

UNIT 8 _____ BS ACT 0017

EX: 010 - 10A - 8### - 0017

CURRENT PETTY CASH BALANCE _____

REQUESTED PETTY CASH INCREASE _____

REVISED PETTY CASH BALANCE _____

Justification-of Petty Cash Increase (attach additional statements as needed)

APPROVED BY:

DAFS OFFICAL SIGNATURE _____ DATE _____

Commissioner of Administrative & Financial Services

Funding Approved by

OSC OFFICAL INITIALS _____ DATE _____

Vendor Code Update by

OSC OFFICAL INITIALS _____ DATE _____

Agency/Dept entered/changed petty cash vendor code with this document:

Doc Type _____ DEPT _____ Doc ID _____

Distribution upon approval: Signed original to the Department/Agency; copy to OSC.