

STATE OF MAINE

NEW PETTY CASH AUTHORIZATION

OSC CREATES VENDOR CODE BASED ON BELOW INFO

DEPT/AGENCY NAME DEPARTMENT (EX: 10A)

PETTY CASH ACCOUNT NAME

CUSTODIAN NAME PHONE EXT

EMAIL OTHER INFO

S.H.S # ADDRESS (street or po box)

CITY STATE ZIP

REQUESTED BY:

SUBMITTER NAME (printed) _____ PHONE

DEPT OFFICAL SIGNATURE _____ DATE _____

Department/Agency, Chief Financial Officer

COMPLETED BY AGENCY REQUESTING PETTY CASH

FUND DEPT

UNIT **8** BS ACT

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

REQUESTED PETTY CASH AMOUNT \$

Justification-of Petty Cash (attach additional statements as needed (max 416 chrs))

MAIL THIS FORM TO: OFFICE OF THE STATE CONTROLLER ATTN PETTY CASH 14 SHS AUGUSTA, ME 04333-0014

COMPLETED BY OSC ACCOUNTING STAFF

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

VENDOR CODE

Doc Type DEPT Doc ID

APPROVED BY:

Funding Approved by

Vendor Code Update by

OSC OFFICAL INITIALS _____ DATE _____ OSC OFFICAL INITIALS _____ DATE _____

DAFS OFFICAL SIGNATURE _____ DATE _____

Commissioner of Administrative & Financial Services