

STATE OF MAINE

UPDATE PETTY CASH AUTHORIZATION

DEPT/AGENCY NAME DEPARTMENT (EX: 10A)

PETTY CASH INFO (items that can be updated)

PETTY CASH ACCOUNT NAME

CUSTODIAN NAME VENDOR CODE

EMAIL PHONE EXT

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

CITY STATE ZIP

COMPLETED BY AGENCY: Send to scanning with barcode sheet.

Agency/Dept changed petty cash account name/custodian/address with this document:

Doc Type DEPT Doc ID

REQUESTED BY:

SUBMITTER NAME (printed) _____ PHONE

DEPT OFFICAL SIGNATURE _____ DATE _____

Department/Agency, Chief Financial Officer

COMPLETE BELOW IF PETTY CASH AMOUNT IS CHANGING: Send to OSC Accounting

COMPLETED BY AGENCY REQUESTING PETTY CASH

FUND DEPT
UNIT **8** BS ACT

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

CURRENT PETTY CASH BALANCE \$

REQUESTED PETTY CASH INCREASE \$

REVISED PETTY CASH BALANCE \$

Justification-of Petty Cash

(600 characters max - attach additional statement as needed on a word doc)

APPROVED BY:

DAFS OFFICAL SIGNATURE _____ DATE _____

Commissioner of Administrative & Financial Services

COMPLETED BY OSC Accounting: Send to scanning with barcode sheet.

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Funding Approved by OSC OFFICAL INITIALS _____ DATE _____