

PETTY CASH ACCOUNT CERTIFICATION

Date	Agency number
Agency contact	
Mailing address	Phone number (Area code and number)

INSTRUCTIONS: Complete a Petty Cash Account Certification (Page 1) to identify the type of petty cash account requested and other necessary information such as requested amount, funding source, and total petty cash disbursements for the fiscal year. If a petty cash account for a non-central office location is requested, the Petty Cash Account Certification Field Office Attachment (Page 2) must be completed.

	FOR MAKING CHANGE OF CURRENCY	FOR MAKING SMALL DISBURSEMENTS BY THE CENTRAL OFFICE	FOR MAKING SMALL DISBURSEMENTS OTHER THAN BY THE CENTRAL OFFICE	FOR ADVANCING TRAVEL EXPENSE MONEY TO STATE OFFICERS OR EMPLOYEES
Amount needed	\$	\$	\$	\$
From which fund?				
Original setup or increase to existing petty cash account?	<input type="checkbox"/> Setup <input type="checkbox"/> Increase	<input type="checkbox"/> Setup <input type="checkbox"/> Increase	<input type="checkbox"/> Setup <input type="checkbox"/> Increase	<input type="checkbox"/> Setup <input type="checkbox"/> Increase
Is this a request for an amount in excess of the statutory limits?	<input type="checkbox"/> Yes <input type="checkbox"/> No ⁽¹⁾	<input type="checkbox"/> Yes <input type="checkbox"/> No ⁽²⁾	<input type="checkbox"/> Yes <input type="checkbox"/> No ⁽³⁾	<input type="checkbox"/> Yes <input type="checkbox"/> No ⁽⁴⁾
<i>(FOR COMPTROLLER USE ONLY)</i> Certified by:				
Date				

Estimate of total petty cash account disbursements for current fiscal year..... \$


- NOTES:** Statutory limitations may not be exceeded without Comptroller's authorization.
- (1) Statutory limit\$500
 - (2) Statutory limit\$1,000
 - (3) Statutory limit\$500
 - (4) Statutory limit ¹/₁₂ of state agency's prior fiscal year travel expenditures

FOR COMPTROLLER USE ONLY

Fiscal Integrity..... _____

State Auditor..... _____

Agency..... _____

The petty cash account amounts requested above and on the following page are necessary for the efficient operation of this agency.	
Head of agency 	Date

