

***Petty Cash Request***

Requested by: Date: Email Address: Phone #:

Purpose:

|  |  |  |
| --- | --- | --- |
| **Denomination** | **Number of Bills** | **Amount** |
| $100 |  |  |
| $50 |  |  |
| $20 |  |  |
| $10 |  |  |
| $5 |  |  |
| $1 |  |  |
|  |  |  |

|  |  |
| --- | --- |
|  | **TOTAL $:**   |
| **Email completed form to treasurer@steinerstars.org** |

**This section to be completed upon requestor taking possession of funds**

I acknowledge receipt of the funds requested above and that it is my responsibility to keep track of how the money is used and return all unused funds (via Request for Deposit Form).

Requestor’s Signature:

Date:

Treasurer’s Signature: