Elmira High School

PETTY CASH REQUEST FORM

Date of Request:	
Person requesting petty cash:	
Reason:	
Amount: \$	
Administrator Approval:	_
Cash Received by:	Signature:
	Date:
Petty Cash Custodian:	
	Name /Date
Account to Charge:	
Receipt attached? Circle:	Yes No*
*non receipted items cannot be reimbursed.	
Advisor /Coach	
ASB President/Team Captain/Student Rep	