

AVON GROVE INTERMEDIATE SCHOOL



PETTY CASH REQUEST FORM

- Please complete this form allowing 7-14 days for processing.
- Committee chairperson's signature is required.
- Contact the PTA Treasurer Shannon Smerkanich at treasurer@agispta.org for processing.
- Place the form in Treasurer's mail folder. Email a copy of the form to the Treasurer, if possible.
- When returning Petty Cash, remember to indicate amount of Petty Cash being returned on the Deposit Detail form.

Funds requested by: _____ Date: _____

Phone number: _____ Email: _____

Event Petty Cash is needed for: _____

Date funds are needed by: _____

Indicate the breakdown of the Petty Cash being requested:

Bills/Coins/Checks	# of Bills/Coins/Checks	Total Dollar Amount
\$20 Bills		\$
\$10 Bills		\$
\$5 Bills		\$
\$1 Bills		\$
Quarters (\$10 per roll)		\$
Dimes (\$5 per roll)		\$
Nickels (\$2 per roll)		\$
Pennies (\$.50 per roll)		\$
Total Deposit Amount:		\$

Signature of Person Requesting the Petty Cash
(if not committee chairperson)

Signature of Committee Chairperson
(if making the request or to approve the request)

For Treasurer Use Only

Check #: _____ Date: _____ Amount: _____

Notes: _____