

CAMBRIDGE CENTRAL SCHOOL DISTRICT  
CAMBRIDGE, NEW YORK

REQUEST FOR CHECK OR PETTY CASH

TO: BUSINESS OFFICE

DATE:

FROM:

AMOUNT:

CHECK REQUEST

PETTY CASH

PAYABLE TO:

ADDRESS:

PURPOSE:

\_\_\_\_\_  
ADMINISTRATOR'S APPROVAL

\_\_\_\_\_  
BUSINESS OFFICE APPROVAL

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*PLEASE ATTACH ALL DOCUMENTATION TO BACK UP THE REQUEST*

FOR BUSINESS OFFICE USE ONLY:

CHECK # \_\_\_\_\_

PETTY CASH VOUCHER # \_\_\_\_\_

DATE PAID \_\_\_\_\_

ACCOUNT # \_\_\_\_\_

Distribution: \_\_\_\_\_

Initials: \_\_\_\_\_