

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

PLEASE ATTACH ALL DOCUMENTATION TO BACK UP THE REQUEST

FOR BUSINESS OFFICE USE ONLY:

CHECK # _____

PETTY CASH VOUCHER # _____

DATE PAID _____

ACCOUNT # _____

Distribution: _____

Initials: _____