



Middle Tennessee State University Petty Cash Authorization

1. Responsible Official: _____

2. Department Name: _____

3. Building and Room Number where fund will be maintained: _____

4. Purpose for which fund is needed: _____

5. Maximum amount of funds requested: _____

(Fund requirements may increase from a normal balance of \$ _____

up to a maximum of \$ _____ depending on student demand)

6. Signature of Custodian: _____ Date: _____

7. Signature of Supervisor: _____ Date: _____

Approved by: _____ Date: _____

Controller

Approved by: _____ Date: _____

Senior Vice President

For Business Office Use Only

Account Number: _____

Account Name: _____

Current Balance: _____