

STATE TREASURER'S OFFICE
PETTY CASH REQUEST FORM

Agency Information

Agency Name: _____ Agency # _____

Agency Fiscal Contact: _____

Agency Address: _____

City _____ WY Zip: _____

Phone # (307) _____

___ Request Establishment of New Petty Cash Account Current Petty Cash Balance \$ _____

___ Request to Increase Current Petty Cash Account Requested Increase/Decrease \$ _____

___ Request to Decrease Current Petty Cash Account New Petty Cash Balance \$ _____

___ Close Petty Cash Account

Amount of Request: _____

Justification for the Petty Cash Account (i.e., what will the account and/or additional funds be used for and why the agency is unable to either use a p-card for expenditures or process documents through the WOLFS system.) *Attach separate sheet if additional space is needed.*

___ Request Cashier's Check be sent to Agency for Bank Deposit

___ Request ACH/EFT – Funds will be sent directly to your bank account

WOLFS fund coding: _____

Agency Bank Information

Bank Name _____

Bank address: _____ City: _____ WY Zip Code: _____

Bank Phone # (307) _____

Account # _____ ABA # _____ (needed for ACH/EFTs)

Agency Authorized Signature

Date