

**GARAWAY LOCAL SCHOOLS
PETTY CASH REQUISITION**

DATE _____ AMOUNT _____

PLEASE PAY TO: _____

ADDRESS _____

PURPOSE FOR PAYMENT: _____

ACCOUNT NUMER: _____

******* PLEASE ATTACH RECEIPT OR BILL *******

SIGNATURE OF PERSON REQUESTING PAYMENT: _____

APPROVED BY: _____

Principal / A.D. / Coordinator

Treasurer

(For Treasurer's Office Use Only)

Paid \$ _____ Date: _____ Petty Cash Ck # _____

Signature _____

FORMS/PCashRequest
Rev 11-1-03

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