

**STATE TREASURER'S OFFICE
PETTY CASH REQUEST FORM**

Agency Information

Agency Name: _____ Agency #: _____

Agency Fiscal Contact: _____

Agency Address: _____

City: _____ WY Zip: _____

Phone #: _____

_____ 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 #: _____

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

Updated 06.16

Agency Authorized Signature

Date

Please scan and email to treasurer@wyo.gov