Luther College Petty Cash Box Request Form
(complete the top half and submit to Financial Services)

Date Requested	Amount Requested $ _____
	Denominations Needed:
Date Needed (request at least 2 days in advance)	
	Twenties _____
Date To Be Returned	
	Tens _____
Department/Organization	
	Fives _____
Account Name	
	Ones _____
Account Number	
	Quarters _____
Event	
	Dimes _____
Date of Event	
	Nickels _____
Approved: Budget Director/Advisor	
	Pennies _____
ID #	
	Circle Which of These You Need
extension	
	Box Bag Envelope

Deposit Ticket	**For OFS Use Only**
(completed after event)	
Person Making Deposit	Cashier Taking Request
ID #	Date
SPO or Office	Picked Up By
Cash _____	ID #
Checks _____	Cashier Accepting Returned Cash
Starting Cash - _____	Returned Cash
(keep separate from other cash)	
Total Deposit	Date
	ACBL/Budget Director
Description of Event for Cash Receipt Comment:	OFS Session
NARD	Cashier's Initials