

**CLEVELAND METROPOLITAN SCHOOL DISTRICT**  
**Budgets/Student Financial Activities Office**  
**Fax: (216)574-8204**

## Request for Petty Cash Check Approval

Date: \_\_\_\_\_ School Name: \_\_\_\_\_

This serves as a request for a petty cash check for the following:

*(Please provide a detailed explanation for the purpose of this check request and any relevant documentation.)*

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Over the Individual Check Limit Request (\$250, \$350, \$500)

Additional Check (Exceeded the allotted 3 checks per semester)

**Circle One:**      Fund 018              Fund 200              Fund 300              Fund 0185

Date of check: \_\_\_\_\_ Check Number: \_\_\_\_\_ Check Amount: \_\_\_\_\_

Check Payee: \_\_\_\_\_

Principal's Name: \_\_\_\_\_ (Please Print)

Principal's Signature: \_\_\_\_\_

**For Budget/Student Financial Activity Office Use Only**

Authorizing Signature: \_\_\_\_\_ Date \_\_\_\_\_

Request Denied:  Reason: \_\_\_\_\_

**\*\*All receipts must be returned within 3 business days. Failure to comply will result in loss of use privileges.**