

PETTY CASH ACCOUNT REQUEST

Send to:

obmpettycash@obm.ohio.gov

		AGENCY REQUEST NUMBER	OBM ACCOUNT ID NUMBER	
STATE AGENCY NAME	OAKS BUSINESS UNIT	STATUTORY AUTHORITY	FUND CODE	FISCAL YEAR
		ORC 126:21 (A6)		
The Director of the Office of Budget and Management is requested to authorize:				
<input type="checkbox"/> Establishment of a new petty cash account. (This will create a new OAKS Supplier ID) Explanation of Request: Describe below the purpose for establishing a <u>new account</u> . Include needed exceptions to OBM procedures for type or amount of purchases.		<input type="checkbox"/> Increase in an existing petty cash account. Authorized Amount before Request \$ _____ EXISTING OAKS SUPPLIER ID IS: _____ Explanation of Request: Provide justification below for an increase in an <u>existing account</u> .		
This request is for a:				
<input type="checkbox"/> General Use account (Small incidental purchases or change funds) <input type="checkbox"/> Special Use account (Requires exceptions for Security, Confidentiality, etc. described below)				
A bank account will be used with some or all of this account <input type="checkbox"/> Yes <input type="checkbox"/> No				
NAME OF ACCOUNT				
LINE 1: Name of State Agency				
LINE 2: Specific Petty Cash Name				
<small>(I.E., LAKE HOPE PETTY CASH ACCOUNT)</small>				
Custodian of Account Name:		Phone: ()		
E-Mail Address:		Fax : ()		
Location of Account Street Address:				
City:		State:	Zip Code:	
Remittance Information: Indicate below the Remittance Address of your account. This address will appear on warrants.				
<input type="checkbox"/> Same as Location of Account <input type="checkbox"/> EFT (Electronic Funds Transfer)				
Remit Street Address		City	State	Zip Code
<small>Note: If EFT, must complete Form OBM -4310 (Rev.9/2015) Authorization Agreement for Direct Deposit of EFT Payments</small>				
I certify this account complies with OBM petty cash policies				
Amount of This Request \$ _____				
Requesting Director or Authorized Signature				Date
Request Approved <input type="checkbox"/>		Director of the Office of Budget and Management		
OAKS Supplier ID _____				
Request Denied <input type="checkbox"/>		Date		