



**TOWN OF MARANA**

**Request for Increase or Decrease of a Petty Cash Fund**

Date

From:

This request is to  the petty cash fund from  to

The request is necessary for the following purpose(s):

\_\_\_\_\_  
Signature of Custodian

Approval signatures:

Supervisor:

Department Head:

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Signature of Department Head

\_\_\_\_\_  
Finance Department Approval Signature

\_\_\_\_\_  
Date