

Business Center

Payroll Petty Cash Request Form (ACH Transfer)

If the request is for a nonexempt employee please note that all hours for the period must be **entered**, **approved and transferred** prior to submitting the form. In all cases, the employee must have direct deposit set up.

Employee Nam	e		ID Number	Personnel Number
Payroll Area	Monthly	Biweekly	Pay Period Number	Gross Amount
What event trig	gered this action	?		
Please provide t	the justification f	or this request.		
Please explain y	your process imp	rovements.		
Preparer Name			Date of Request	
Department Nai	me		Organizational Unit Number	
Department Adı	ministration Sign	nature		
Department App	proval Signature			
	ss Center Use Oi	nly		
Date/Time Rece				
Approved/Name				
Denied/Name/D	Date			

Last Updated: 8/4/20