

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:

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 new account. Include needed exceptions to OBM procedures for type or amount of purchases.

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 existing account.

This request is for a:

- General Use account (Small incidental purchases or change funds)
 Special Use account (Requires exceptions for Security, Confidentiality, etc. described below)

A bank account will be used with some or all of this account Yes No

NAME OF ACCOUNT

LINE 1: Name of State Agency _____
 LINE 2: Specific Petty Cash Name _____

(I.E., LAKE HOPE PETTY CASH ACCOUNT)

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.
 Same as Location of Account EFT (Electronic Funds Transfer)

Remit Street Address _____ City _____ State _____ Zip Code _____

Note: If EFT, must complete Form OBM -4310 (Rev.9/2015) Authorization Agreement for Direct Deposit of EFT Payments

I certify this account complies with OBM petty cash policies

Amount of New Acct / Increase
\$ _____

Requesting Director or Authorized Signature Date

Request Approved
 OAKS Supplier ID _____
 Request Denied

Director of the Office of Budget and Management Date