



Santa Monica Malibu Schools

Extraordinary Public Education

**SANTA MONICA-MALIBU
UNIFIED SCHOOL DISTRICT**

REQUEST FOR CASH TO SET UP PETTY CASH FUND

TO: FISCAL SERVICES ADMINISTRATOR **DATE:** _____

FROM: _____

Please send me a warrant in the amount of \$_____ to establish a Petty Cash Fund for my School/Office.

I agree that upon receipt and endorsement of the warrant, I will be personally responsible for the money furnished for this Petty Cash Fund, and I accept financial responsibility for any unauthorized expenditures.

If I leave the Santa Monica-Malibu Unified School District for any reason, or if I am reassigned, I agree to clear my account. This will be done by submitting a final claim for all purchases made and returning all unspent cash, or by transferring this Fund to the incoming administrator. I understand that, at all times, the total of paid bills supporting authorized purchases and the unspent cash must equal the total amount of this Petty Cash Fund.

Principal's/Administrator's Signature

Printed Name and Title