

**DEPARTMENT OF NATURAL RESOURCES
 PETTY CASH REPLENISHMENT REQUEST**

Agency (circle one): 431 432 434 435

Custodian Name: _____ Location: _____

Date of Request: _____ Period Covered: _____

GL Account	Cost Center	Fund	Grant	WBS Element	Order	Functional Area	Amount
Total Receipts:							
Plus Cash On-Hand:							
Total Petty Cash:							

Custodian Signature: _____

Approver Signature: _____