



PITTSBURGH JOB CORPS CENTER

FUNDS REQUEST

ATTACHMENT - A

REQUESTER NAME/PAYEE		REQUEST DATE	
AMOUNT REQUESTED	\$	REQUIRED DATE	
DISTRIBUTION OF FUNDS (CHECK ONE):			
	<input type="checkbox"/> CHECK	<input checked="" type="checkbox"/> PETTY CASH	<input type="checkbox"/> CREDIT
CARD			
PURCHASE JUSTIFICATION (BE SPECIFIC)			
IF CHECK REQUEST IS SELECTED ABOVE, ONE OF THE FOLLOWING MUST BE CHECKED IF A CHECK MAY NOT BE WRITTEN			
	This was necessary for the well being of a student (s)		
	This check was necessary for the protection of Center property		
REQUESTER SIGNATURE		SUPERVISOR APPROVAL	
FINANCE DIRECTOR APPROVAL		CENTER DIRECTOR APPROVAL	
*** PLEASE NOTE ***			
Authority is hereby granted to deduct the amount advanced to me from my payroll check if I do not return receipts and reconcile with the accounting department within FIVE (5) business days after receipt.			
Check # _____ Amount \$ _____ Received by: _____ Date: _____			
FOR ACCOUNTING USE ONLY			
Account Code	#	Date	_ _ / _ _ / _ _
GP Entry By (signature)	GP Entry Date		
Reconciliation Date	Reconciled By	Reconciliation Journal Entry	
		DR Acct.	CR Acct.
Journal Entry Date	Journal Entered by:		