**PITTSBURGH JOB CORPS CENTER**

 **FUNDS REQUEST**

 ATTACHMENT - A

|  |  |  |  |
| --- | --- | --- | --- |
| **REQUESTER NAME/PAYEE** |  | **REQUEST DATE** |  |
| **AMOUNT REQUESTED** | **$**  | **REQUIRED DATE** |  |
| **DISTRIBUTION OF FUNDS (CHECK ONE):** **[x]  CHECK [ ]  PETTY CASH [ ]  CREDIT CARD** |
|  |
| **PURCHASE JUSTIFICATION (BE SPECIFIC)** |  |
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| **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** | **MANAGERS SIGNATURE** | **DEPARTMENT DIRECTOR 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:** |