**PITTSBURGH JOB CORPS CENTER**

**FUNDS REQUEST**

ATTACHMENT - A

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REQUESTER NAME/PAYEE** | |  | | | | | | **REQUEST DATE** | |  | |
| **AMOUNT REQUESTED** | | **$** | | | | | | **REQUIRED DATE** | |  | |
| **DISTRIBUTION OF FUNDS (CHECK ONE):**  **CHECK  PETTY CASH  CREDIT CARD** | | | | | | | | | | | | |
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| **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:** | | | |