Special Olympics Wisconsin	ocal Program In-House Petty Cash Request
Local Program Number:	
Local Program Name:	
Petty Cash Amount Requested	d : \$
Petty Cash Purpose: (Please ch	neck one) 🗌 Local Program Fund or 🗌 Special Event
If Special Event, Name of Spec	ial Event:
Date Needed:	
Designated Class A Volunteer:	
This is the person who will be respon The check will be made out in this pe	sible for the petty cash and should have no financial restrictions. rson's name.
Remittance Address:	
Approval Signature: Local Program Manager Signature	
Approval Signature: Class A Volunteer Signature	