|  |  |
| --- | --- |
|  | **Petty Cash Stop Payment Signature Authorization** |
|  |
| **General Information** |
|  |
| Business Unit *(5 digits)*: |  | Agency Name: |  |
|  |
| **Employee Information** |
|  |
| 1 |  |  |  |
|  | Name | Signature |
|  | Authorization for ALL AP Business Units |  | Authorization for ONLY the following AP Business Units: |  |  |  |  |
|  |
| 2 |  |  |  |
|  | Name | Signature |
|  | Authorization for ALL AP Business Units |  | Authorization for ONLY the following AP Business Units: |  |  |  |  |
|  |
| 3 |  |  |  |
|  | Name | Signature |
|  | Authorization for ALL AP Business Units |  | Authorization for ONLY the following AP Business Units: |  |  |  |  |
|  |
| 4 |  |  |  |
|  | Name | Signature |
|  | Authorization for ALL AP Business Units |  | Authorization for ONLY the following AP Business Units: |  |  |  |  |
|  |
| 5 |  |  |  |
|  | Name | Signature |
|  | Authorization for ALL AP Business Units |  | Authorization for ONLY the following AP Business Units: |  |  |  |  |
|  |
| **Certification / Approval** |
| *As Fiscal Officer or Designee, I grant permission to the above individual(s) to request petty cash stop payments on behalf of the named agency.* |
|  |  |  |  |  |
| Fiscal Officer or Designee | Signature | Date |
| *Note: If designee signs, a delegation of signing authority must be on file with Department of Accounts. This form only authorizes requests for agency petty cash checks. To authorize the stop payment of a General Warrant check, you must have a valid Stop Payment Authorization form on file with the Department of the Treasury.* |