**A logo for a community mental health

Description automatically generated**

**PETTY CASH AGREEMENT**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, hereby acknowledge receipt of the Petty Cash Fund in the amount of $\_\_\_\_\_.\_\_\_.

* I understand that improper use of this Petty Cash Fund may result in disciplinary action as well as personal liability for any improper purchases.
* As a responsible party of a Petty Cash Fund, I agree to comply with the terms and conditions of this agreement and the Petty Cash Policy (BA084) for Sanilac CMH Authority. I acknowledge receipt of the Petty Cash Fund Policy (BA084) and confirm that I understand the terms and conditions.
* I will return the funds to the Chief Financial Officer upon demand during the period of my employment.
* I understand that the funds are not to be used for personal purchases and if I fail to provide a receipt substantiating a legitimate business expense with my requisition for replenishment of petty cash fund, Sanilac CMH Authority will be entitled to request reimbursement from me for such purchases.
* I must provide a receipt for every purchase and submit a requisition for replenishment of the petty cash fund.

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Signature of Staff holding Petty Cash Fund Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of CFO or CEO Date