

**PETTY CASH/TRUSTEE ACCOUNT
REQUEST TO OPEN/CLOSE/TRANSFER**

CO-1052 Rev. 1/2025



STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER

PETTY CASH/TRUSTEE ACCOUNT SHALL BE REFERENCED BELOW AS: ("PC/T")

SUBMIT TO: OSC.PETTYCASH@CT.GOV - CENTRAL ACCOUNTS PAYABLE DIVISION, 165 CAPITOL AVENUE, HARTFORD, CONNECTICUT 06106

BUSINESS UNIT	AGENCY NAME	DATE
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NAME OF FUND

CHECK THE FUNCTION THAT PERTAINS TO YOUR REQUEST AND COMPLETE THE SECTION AS INDICATED

APPROVAL TO ESTABLISH A NEW PC/T ACCOUNT

(if a physical account is being opened, attach copy of CO-929)

New account requests must be accompanied by an agency policy that governs the operation, periodic reconciliation, and closeout process for the account.

CLOSURE OF AN ESTABLISHED PC/T ACCOUNT

Fund Amount:

Account Number:

Requested Authorized Balance:

Provide a detailed description of the activity associated with this account or reason it should be closed:

REQUEST TO TRANSFER FUNDS FROM ONE PC/T ACCOUNT TO ANOTHER

From Account Name:

Destination Account Name:

From Account Number:

Destination Account Number:

Transfer Amount:

Provide the reason the funds need to be transferred:

ACCOUNT CUSTODIAN NAME	TITLE
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ACCOUNT CUSTODIAN ADDRESS STREET	CITY	STATE	ZIP CODE
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CUSTODIAN SIGNATURE	EMAIL	DATE
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AGENCY APPROVAL (if trustee account, parent agency)

APPROVER NAME	TITLE
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APPROVER ADDRESS STREET	CITY	STATE	ZIP CODE
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APPROVER SIGNATURE	EMAIL	DATE
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STATE COMPTROLLER-AUTHORIZED SIGNATURE	TITLE
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EMAIL	DATE	Approved	Denied
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STATE TREASURER-AUTHORIZED SIGNATURE	TITLE
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EMAIL	DATE	Approved	Denied
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