

**PETTY CASH/TRUSTEE ACCOUNT
REQUEST FOR AUTHORIZED BALANCE
ADJUSTMENT/EXPENDITURES**



STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER

CO-1053 Rev. 4/2024

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

BUSINESS UNIT	AGENCY NAME	DATE
NAME OF FUND		ACCOUNT NUMBER

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

REQUEST TO ADJUST AN AUTHORIZED BALANCE

Account Name: _____ Current Authorized Balance: _____
 Account Number: _____ Requested Authorized Balance: _____
 Dept ID: _____ Requested Authorized Balance Adjustment: _____
 Fund ID: _____

Provide a detailed description for the purpose of this adjustment

APPROVAL IS REQUESTED TO EXPEND PETTY CASH/TRUSTEE ACCOUNT FUNDS FOR A SINGLE EXPENDITURE ONLY

This request is for single expenditures only. Any questions related to a combination of expenditures within Twelve (12) month period should be submitted to OSC.PETTYCASH@CT.GOV.

Amount to Expend: _____

Current Balance: _____

Provide a detailed description for the purpose of the single expenditure:

ACCOUNT CUSTODIAN NAME	TITLE
ACCOUNT CUSTODIAN ADDRESS	
STREET	CITY STATE ZIP CODE
CUSTODIAN SIGNATURE	EMAIL DATE

AGENCY APPROVAL (if trustee account, parent agency)

APPROVER NAME	TITLE
APPROVER ADDRESS	
STREET	CITY STATE ZIP CODE
APPROVER SIGNATURE	EMAIL DATE

NAME	TITLE
SIGNATURE	EMAIL DATE

Approved _____ Comments: _____
 Denied _____ *(Required if Denied)*