

**REGIONAL AECG**

**REQUEST FOR PETTY CASH FLOAT**

Name of Regional: ……………………………………………………….

Meeting Date: ……………………………………………………………..

**BANK ACCOUNT DETAILS**

Name of Bank: …………………………………………………………….

BSB: ……………………….. Account No: ……………………………..

**Signatures**

President Name: ………………………………………………………….

President Signature: .……………………………………………………

Treasurer Name: ………………………………………………………….

Treasurer Signature: ……………………………………………………