

VIRGINIA POLYTECHNIC INSTITUTE & STATE UNIVERSITY
OFFICE OF THE UNIVERSITY BURSAR
150 STUDENT SERVICES BLDG (0143)
PETTY CASH REQUEST

(Rev 06/07)

- Mail check
- Pickup check

Fund Custodian Name: _____ Tech ID #: _____

Check one: Faculty Staff Graduate Student Department Name: _____ Office Phone: _____

Office Address: _____ Email Address: _____ Amount Requested: * _____

Purpose of the fund: _____

If this request is for a change fund, has a funds handling plan been submitted and approved by the Bursar's office? Yes No If yes, proceed completing this form. If no, please submit your plan (http://www.bursar.vt.edu/forms/funds_handling/02_Funds_Handling_Plan_2004.doc) for approval to the address above prior to requesting the change fund.

For disbursement funds: participant amount _____ x approx number of participants _____ x approx number of weeks _____ *(requests should be for the lesser amount of expected payments for 90 days or \$2,000). If the amount is \$2,000 or more, a checking account is required. Contact Janet Moran (jamoran@vt.edu) to establish a checking account for your project.

Plan to safeguard the funds: _____ *If amount requested exceeds \$500, the Funds Handling Guidelines and Procedures (<http://www.bursar.vt.edu>) require the funds be kept in a departmental locked safe.

Banner Fund #: _____ Org #: _____ Disbursement Location: _____

Time period the funds will be used: Beginning Date: _____ Ending Date: _____

Names of persons using the fund: _____

In making this petty cash request I understand and agree to the following:

- This petty cash fund will be recorded in an account in my name with the Bursar's Office.
- I am responsible for full compliance with all University policy and procedures relating to petty cash. See Petty Cash Change and Disbursement Procedures and the Funds Handling Guidelines and Procedures at <http://www.bursar.vt.edu>.
- For disbursement petty cash funds, it is my responsibility to complete the petty cash reimbursement request every 90 days in order to reimburse the petty cash fund promptly and in full by the due date.
- I authorize this disbursement fund amount to be deducted in full from my paycheck should repayment not be made within 60 days of the due date indicated on the statement sent from the Bursar's Office.
- If this disbursement fund is not reimbursed prior to my leaving employment with Virginia Tech, I agree to have the amount of the funds withheld from my final paycheck or leave check.
- If my account becomes delinquent and is turned over to a collection agency, I agree to pay collection costs, attorney's fees, and court costs associated with the collection of the fund.
- If I am no longer affiliated with the University as a graduate student, faculty, or staff member, I will return the fund to the university immediately.
- Any fund amount deducted from my paycheck could result in forfeiture of my privilege to use petty cash funds in the future.

Custodian Signature _____ Date: _____

Dept Approver's Signature: _____ Date: _____

Approver's Name (please print): _____ Title: _____

Office Phone: _____ Email Address: _____

Return completed form to address above. Please allow 7 – 10 days for your request to be processed.

*****OFFICE OF THE UNIVERSITY BURSAR*****

Outstanding Balance: _____ Due Date: _____ Past Due Amount: _____

Effective Date: _____ Term Code: _____ Reviewed By: _____ Date: _____

Fund: 655155 Acct: _____ Detail Code: _____ (SOV1 for Acct # 6223 or PCC1 for Acct # 6222)

University Bursar Approval _____ Date: _____

OSP Approval by _____ Grant/Fund _____ Date _____ IRB _____ Budget _____

*****ACCOUNTS PAYABLE*****

Pymt Category Voucher Date Due Amount Manual check # Check Date Reviewer
