

PETTY CASH REQUEST FORM

Office of University Bursar
800 Washington St SW (0143)
Student Services Building, Suite 150
Blacksburg, Virginia 24061
P: (540) 231-6277 F: (540) 231-3238
bursar@vt.edu

- Mail check
- Hold check for pickup (or for deposit into petty cash checking account)

Fund Custodian Name: _____ Tech ID #: _____

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

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

Choose type of petty cash fund needed:

- Change fund:** used to make change for business sales transactions
Has a funds handling plan been submitted and approved by the Bursar's office? Yes No If yes, you may continue completing this form. If no, please submit your plan (<https://www.bursar.vt.edu/employees.html>) for approval to the address above prior to requesting the change fund.
- Disbursement fund:** for payments to participants in research projects
participant amount _____ X approximate number of participants _____
(requests should be for the amount of that will be disbursed in 120 days or less). If the amount is \$2,000 or more, a checking account is required to assist in safeguarding the funds. Already have an established checking account for this project? If yes, Checking account # (last 4 digits only): _____
Plan to safeguard the funds (i.e. safe, established checking account, locked cabinet): _____
*If amount requested exceeds \$500, the Funds Handling Guidelines and Procedures (<https://www.bursar.vt.edu/employees.html>) require the funds be kept in a departmental locked safe.
- Purchase fund:** to purchase items that are not available through normal purchasing channels. Please attach an explanation of what items you need to purchase with petty cash.

Banner Fund #: _____ Org #: _____ Grant #: (if applicable) _____

Beginning Date: _____ Ending Date: _____ Disbursement Location: _____

(Please note the time period the funds will be used cannot exceed 120 days)

Names of other 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 <https://www.bursar.vt.edu/employees.html>.
- For disbursement petty cash funds, it is my responsibility to complete the petty cash reimbursement request at least every 120 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.
- I am not eligible to be a fund custodian if I owe the university any past due monies.

Custodian Signature: _____ Date: _____

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

Office Phone: _____ Email Address: _____

Dept. Approver's Signature: _____ Date: _____

*****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 _____