PETTY CASH REQUEST FORM

☐ 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: ____________________________

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Approver’s Name (please print): ____________________________  Title: ____________________________

Office Phone: ____________________________  Email Address: ____________________________

Dept. Approver’s Signature: ____________________________  Date: ____________________________

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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: ____________________________

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Pymnt Category: ____________________________  Voucher ____________  Date Due: ____________________________  Amount: ____________________________  Manual check #: ____________________________  Check Date: ____________________________  Reviewer: ____________________________

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

(REV APR 21)