(Rev 01/11)

☐Mail check ☐Pickup check

Pymt Category

Voucher

Date Due

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

Fund Custodian Name:		Tech ID #:	
Check one: Faculty Staff Graduate Studer	nt Department Name:	Office Phone:	
Office Address:	Email Address:	Amount Requested: *	
the address above prior to requesting the change fund. For disbursement funds: participant amount weeks*(requests should be for the lesser a checking account is required. Contact Janet Moran (jamo)	plan been submitted and approved by the control of	indling/02 Funds Handling Plan 2004.doc) for approval to cipants x approx number of days or \$2,000). If the amount is \$2,000 or more, a ecount for your project.	
Plan to safeguard the funds: Handling Guidelines and Procedures (http://www.bursar.v			
Banner Fund #: Org #: _	Disbursement Lo	ocation:	
Time period the funds will be used: Beginning Da	ite:E	Ending Date:	
Procedures and the Funds Handling Guidelines For disbursement petty cash funds, it is my respectly cash fund promptly and in full by the due I authorize this disbursement fund amount to be indicated on the statement sent from the Bursal If this disbursement fund is not reimbursed printerior my final paycheck or leave check. If my account becomes delinquent and is turned with the collection of the fund.	ount in my name with the Bursar's Offiniversity policy and procedures relating and Procedures at http://www.bursar. consibility to complete the petty cash redate. The deducted in full from my paycheck ser's Office. To to my leaving employment with Virgary as a graduate student, faculty, or staff could result in forfeiture of my privile	g to petty cash. See Petty Cash Change and Disbursement vt.edu. imbursement request every 120 days in order to reimburse the should repayment not be made within 60 days of the due date ginia Tech, I agree to have the amount of the funds withheld bay collection costs, attorney's fees, and court costs associated member, I will return the fund to the university ge to use petty cash funds in the future.	
************	*********	***************	
Dept Approver's Signature:	Date:		
Approver's Name (please print):			
Office Phone:			
Return completed form to address	s above. Please allow 7 – 10 day CE OF THE UNIVERSITY BURSAF	s for your request to be processed.	
Outstanding Balance: Due Dat	e:	Past Due Amount:	
Effective Date: Term Code:	Reviewed By:	Date:	
Fund: <u>655155</u> Acct: Detail Cod	le:(So	OV1 for Acct # 6223 or PCC1for Acct # 6222)	
University Bursar Approval		Date:	
OSP Approval by	Grant/Fund	_DateIRBBudget	

Amount Manual check #

Check Date

Reviewer