



- DO NOT USE THIS FORM if your department will be paying reimbursements (time, travel, meals) for participation in CLINICAL TRIALS OR RESEARCH. Use the PARTICIPANT STIPEND FUND REQUEST FORM.
- Send the completed original form with original signatures to the Office of the Controller. Incomplete, emailed, or faxed forms and/or forms with photocopied signatures will not be processed.
- Required signatures for this form are: Custodian, Account Administrator, Division, Department, and Controller.

Department Requesting Emory Card: _____ DEPT # _____

Physical Address of Emory Card: _____ Date: _____

Smart Key										PS Account				

AVERAGE SINGLE EXPENSE	
ESTIMATED MONTHLY EXPENSE	
REQUESTED FUNDING LIMIT	

Please describe in detail the purpose/proposed use of these funds.

ATTACH ADDITIONAL SHEETS IF NECESSARY.

By signing this form, I attest the information contained herein is true and accurate and this fund will be operated in accordance with Emory University finance guidelines and policies. I understand that failure to adhere to the Emory Card Policy and General Petty Cash Policy & Procedures can result in account suspension and/or revocation. I understand that improper or fraudulent use of this fund may result in disciplinary action up to and including termination of my employment.

Custodian _____ NAME (please print) _____ SIGNATURE _____ EMPLOYEE ID# _____

PHONE NUMBER _____

Account Administrator _____ NAME (please print) _____ EMAIL ADDRESS _____ SIGNATURE _____ DATE _____ EMPLOYEE ID# _____

PHONE NUMBER _____ EMAIL ADDRESS _____ DATE _____

Division approval: _____ NAME (please print) _____ SIGNATURE _____ DATE _____

Department approval: _____ NAME (please print) _____ SIGNATURE _____ DATE _____

Controller's Office: _____ NAME (please print) _____ SIGNATURE _____ DATE _____

FOR OFFICE USE ONLY

APPROVED	DENIED
FUNDING LIMIT	RETURN FOR MODIFICATION