



- 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.
- Funding Limits are set for 2-3 week replenishment.

SIGNATURES/AUTHORIZATIONS - All Applicants Complete this Section

REQUEST	REQUIRED SIGNATURES / APPROVALS
<input type="checkbox"/> New GPF- General Petty Cash Fund Acct	Custodians, Division, Department, School CFO (Business Officer), Controller's Office
<input type="checkbox"/> Change SmartKey#	Custodians, Division or Department
<input type="checkbox"/> Increase PETTY CASH Funding Limit. Current Limit: (Provide Supporting Documentation)	Custodians, Division or Department
<input type="checkbox"/> Change Custodians	Custodians, Division or Department

Date _____

Contact Person _____ Phone _____ Email _____

Department Requesting General Petty Cash _____ DEPT # _____

Physical Address of Petty Cash _____

Does this department have other Participant Stipend/General Petty cash funds at this location? No Yes

Is either of the custodians responsible for other Participant Stipend / General Petty Cash funds? No Yes

Smart Key	PS Account	Program (Controller's office)	Event (Controller's office)

Complete this Section for New Fund or Request Funding Limit Increase

AVERAGE SINGLE EXPENSE	
ESTIMATED MONTHLY EXPENSE	
REQUESTED FUNDING LIMIT	

Funding Limits are set for 2-3 week replenishment.

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

ATTACH ADDITIONAL SHEETS IF NECESSARY.

Please describe in detail how funds will be secured.

HOW TO RECEIVE CHECK PAYMENT
<input type="checkbox"/> Pick Up Check at Payment Services Office
<input type="checkbox"/> Campus Mail (write address below)
<input type="checkbox"/> U.S. Mail (write address below)

SIGNATURES/AUTHORIZATIONS - All Applicants Complete this Section

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 polices. I understand that failure to adhere to the 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 1: _____
NAME (please print)
SIGNATURE

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 EMPLOYEE ID#

PHONE NUMBER
EMAIL ADDRESS
DATE

Custodian 2: _____
NAME (please print)
SIGNATURE

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 EMPLOYEE ID#

PHONE NUMBER
EMAIL ADDRESS
DATE

Operating Unit approval: _____
NAME (please print)
SIGNATURE
DATE

Department approval: _____
NAME (please print)
SIGNATURE
DATE

Business Unit approval: _____
 (School CFO/Business Officer) NAME (please print)
SIGNATURE
DATE

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

FOR OFFICE USE ONLY

APPROVED	DENIED
FUNDING LIMIT	RETURN FOR MODIFICATION