



REQUEST TYPE
[ ] GPCF - GENERAL PETTY CASH FUND
[ ] RPPF - RESEARCH PARTICIPANT PAYMENT FUND
[ ] CLOSE FUND (GPCF ONLY)

IRB #
PAYMENT ID #
SUPPLIER #
PAYEE NAME

Note: Payee must be a custodian of the GPCF or RPPF.

Table with 3 columns: SpeedType, Compass Account Number, Amount. Includes a TOTAL row at the bottom.

DEPT. NUMBER, DEPT. NAME (PLEASE PRINT)
I have reviewed this request and verify that all expenditures reported are in compliance with Emory University policies.
DATE, PHONE #, CUSTODIAN NAME, CUSTODIAN SIGNATURE

GPCF/RPPF Reconciliation
A - Total Replenishment Requested
B - Replenishments Amount Outstanding
C - Funds on Hand
D - Total Authorized Fund

GPCF/RPPF Reconciliation Definitions & Formula
A - This is the total amount of this replenishment request...
B - This is the amount of any payment replenishment(s) previously submitted...
C - This amount represents (i) any cash on hand...
D = A+B+C This should equal the authorized fund limit...