



Office of the Controller

REPLENI SHMENT REQUEST FORM GENERAL PETTY CASH FUNDS or

RESEARCH PARTICIPANT PAYMENT FUNDS

REQUEST TYPE

GPCF – GENERAL PETTY CASH FUND

RPPF – RESEARCH PARTICIPANT PAYMENT

CLOSE FUND (GPCF ONLY)

IRB #	
PAYMENT ID #	ŧ
SUPPLIER #	
PAYEE NAME	

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

	REPLENISHMENT DETAIL														
Spee	SpeedType							Compass Account Number					Amount		
	TOTAL														

DEPT. N	IUMBER	DEPT. NAM	/IE (PLEASE PRINT)	GPCF/RPPF Reconciliation
				A - Total Replenishment Requested
			that all expenditures University policies.	B - Replenishments
DATE	TE			Amount Outstanding
PHONE #		PHONE #		C - Funds on Hand
CUSTODIAN	NAME	CUSTODIAN	INAME	
				D - Total Authorized Fund
CUSTODIAN	SIGNATURE	CUSTODIAN	I SIGNATURE	

GPCF/RPPF Reconciliation Definitions & Formula
A – This is the total amount of this replenishment request and should equal the voucher and 'total' under the replenishment detail section.
B – This is the amount of any payment replenishment(s) previously submitted in Compass for which a check has not yet been received.
C – This amount represents (i) any cash on hand that has not been disbursed, (ii) any replenishment checks that have not been cashed, and (iii) any receipts that have not been submitted for replenishment (excluding this request).

D = **A**+**B**+**C** This should equal the authorized fund limit (including increase(s) in fund limit) approved by the Controller's Office.