



REQUEST TYPE
<input type="checkbox"/> GPF – GENERAL PETTY CASH FUND
<input type="checkbox"/> PSF – PARTICIPANT STIPEND FUND
<input type="checkbox"/> CLOSE FUND Fund type <input type="checkbox"/> OTHER <input type="checkbox"/> CASH BOX

PAYMENT SERVICES USE ONLY	
VENDOR #	
VOUCHER #	

ISSUE CHECK TO	
NAME	
EMPLOYEE ID #	

Note: must be custodian

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

FOR PSF REPLENISHMENT LIST
IRB # here:

REPLENISHMENT DETAIL															
Smart Key										PS Account					Amount
TOTAL															

NOTE: ORIGINAL RECEIPTS REQUIRED
Please attach receipts to an 8 ½ x 11 sheet.

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

Petty Cash Fund Reconciliation	
Total Replenishment Requested	
Replenishments Amount Outstanding	
Funds on Hand	
Total Authorized Petty Cash Fund	