

## PETTY CASH ACTION FORM

Date: 4/22/2021 Amount \$100	DO Fund Type:	Chang	e Fund	⊠ Pa	rticipant/Patient Study
Custodian Name:	Miriam Jacskon-Jones		Ema	ail: m	jjjon123xs@vcu.edu
Department Head:	Jackson Smith Exa	mple	– Ema		ohnson223@vcu.edu
Designated Approver( if applicable)		•	– Ema		
Study/Sponsor/Grant (if applicable):	Name of Study or	IRB#	– Departme	nt: V	CU Department Name
Campus Mailing Address:	Dept PO Box Num	8400xx	_ Telephor	ne: 80	)4-828-1xxxx
Location of Funds (Building, Room #):	Grace House, 200	Franklin S	t, 2 <sup>nd</sup> Floor Rn	n 213	
Type of Action Requested:					
1. Establishment of a New Fund (o Funds needed indefinitely Funds needed for the spec	•		<u>/2022</u>		
<ul> <li>2. Alteration to a Fund</li> <li>Increase to an existing fun</li> <li>Decrease to an existing fur</li> <li>Closure of fund (complete</li> </ul>	nd (complete Attachr				
3. Change of custodian (complete	Attachment B)				
Old Custodian:		Eff	ective Date:		
New Custodian:			Email:		
4: Change of fund location (comple	te Attachment A)				
Grange of fund location (comple	te Attachment Aj				
By signing below, I agree that I have renotify Treasury Reporting of any overaunderstand that I am solely responsible petty cash funds. I understand that I see that	age or shortage and o	of a change g of the pe	e in custodian etty cash fund	, depar s and fo	tment head, or designee. I or the reimbursement of the
Custodian Signature:	Use E Dou Sig	gnature		Date:	4/22/2021
Dean/Department Head Signature:				Date:	
Designee Signature (if applicable):				Date:	
Email completed form to: tresreport@	Ovcu.edu				
For Use by Treasury Reporting Only					
Approved By:		Date:			

Senior Manager, Treasury Reporting



## PETTY CASH ACTION FORM

## **Attachment A**

## Request for New/Increase/Decrease Petty Cash or Change Fund

This is a fillable form. Click	on the View tab and select e	dit document.	
New/Original Fund Amount:	\$		
Increase:	\$1000		
Decrease:	\$		
New Fund Amount:	\$3000		
of expenditures:	se of a new/increased Petty Cash o		
Nature of Expenditure		Average \$ Amount	Frequency
Example Increase of pa	rticipants pymt at \$25 each	\$500	Weekly
If payments are being made to payments, etc.:	test subjects, please provide a copy	of your procedures for docume	enting the receipt of
Type in name if Study with I cash or gift card after survey	RB#. Incease of participants that are is complete.	e seen weekly. Will complete W	9 form when issue
be locked when not in use. Key locked devices (not in the same	ceptible to theft. These funds must vs to cash boxes and file cabinets when ception or carried with the custodian it is not necessary to be in and our	nere cash is stored should be se In. Safe doors should be kept cl	cured away from the
Petty cash funds.receipts an	d checks will be locked up in cash b	ox in a secure desk or cabinet ir	a locked office
If requesting a Change Fund, pl	ease include a copy of your procedu	ures for management of the fun	d.
Custodian Name: Miria	m Jacskon-Jones	Date: 4/22/2021	

Use E Dou Signature

Custodian Signature: