



VCU Treasury Services

PETTY CASH ACTION FORM

Date: 4/22/2021 Amount \$3000 Fund Type: Change Fund Participant/Patient Study

Custodian Name:	<u>Miriam Jacskon-Jones</u>	Email:	<u>mjjjon123xs@vcu.edu</u>
Department Head:	<u>Jackson Smith Example</u>	Email:	<u>jsjohnson223@vcu.edu</u>
Designated Approver(if applicable)	<u></u>	Email:	<u></u>
Study/Sponsor/Grant (if applicable):	<u>Name of Study or IRB #</u>	Department:	<u>VCU Department Name</u>
Campus Mailing Address:	<u>Dept PO Box Num 8400xx</u>	Telephone:	<u>804-828-1xxxx</u>
Location of Funds (Building, Room #):	<u>Grace House, 200 Franklin St, 2nd Floor Rm 213</u>		

Type of Action Requested:

1. Establishment of a New Fund (complete Attachment A)
 - Funds needed indefinitely
 - Funds needed for the specific period of time ending 9/30/2022
2. Alteration to a Fund
 - Increase to an existing fund (complete Attachment A)
 - Decrease to an existing fund (complete Attachment A)
 - Closure of fund (complete Attachment B)

3. Change of custodian (complete Attachment B)

Old Custodian:	<u>Miriam Jacskon-Jones</u>	Effective Date:	<u>4/22/2021</u>
New Custodian:	<u>James Woodwardxx</u>	Email:	<u>jw.example.xx@vcu.edu</u>

- 4: Change of fund location (complete Attachment A)

By signing below, I agree that I have read, understand and will comply with the [Petty Cash](#) policy. I agree that I will notify Treasury Reporting of any overage or shortage and of a change in custodian, department head, or designee. I understand that I am solely responsible for the safekeeping of the petty cash funds and for the reimbursement of the petty cash funds. I understand that I shall close the petty cash fund as soon as possible when it is no longer needed.

Custodian Signature:	Use E Douc Signature	Date:	4/22/2021
Dean/Department Head Signature:		Date:	
Designee Signature (if applicable):		Date:	

Email completed form to: tresreport@vcu.edu

For Use by Treasury Reporting Only

Approved By:		Date:	
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Senior Manager, Treasury Reporting



VCU Treasury Services

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Attachment B

Petty Cash/Change Fund Reconciliation

This is a fillable form. Click on the View tab and select edit document.

Date: 4/22/2021 Department: VCU Department Name
 Custodian Name: James Woodwardxx Telephone: 804-828-0000
 Campus Mailing Address: Dept PO Box Num 8400xx
 Location of Funds (Building, Room #): Grace House, 200 Franklin St, 2nd Floor Rm 213

Please complete the following reconciliation for your petty cash fund:

Cash on Hand: \$1025
 Tickets On Hand, Receipts, etc: \$1975
 Total: \$3000

By signing Petty Cash/Change Fund Reconciliation, I agree that I have read and understand the Petty Cash policy. I agree that I will notify Treasury Reporting of any overage or shortage and of a change in custodian. I understand that I am solely responsible for the safekeeping of the petty cash funds and for the reimbursement of the petty cash funds. I understand that I shall close the petty cash fund as soon as possible when it is no longer needed.

Certified by:

Custodian Name: James Woodwardxx Date: 4/22/2021
 Custodian Signature: Use E Douc Signature