



REPLENISHMENT FORM

Imprest Fund

Department Petty Cash

Deliver in Person To: University Cashier
 100 Sparks Hall
 (404)413-3251 phone

Date Issued: _____

Panther Card ID Number of Custodian:
601708 _____ **X**

Custodian: _____

Department Name: _____ Contact Telephone and Email: _____

Please attach all supporting documentation. Only original receipts will be accepted.

Distribution

Speed type	Amount	Account (6)	Fund (5)	Dept (9)	Program (5)	SubClass (5)	Project/Grant (10)

Certification: *I do solemnly affirm, under criminal penalty of a felony for false statements subject to punishment by a fine of not more than \$1,000 or by imprisonment for not less than one year nor more than five, or both, that the statements are true and that the described item(s) is/are for institutional purposes only and that reimbursement or payment has not been previously requested and/or paid by Georgia State University and that payment has not been requested and/or paid by any other source.*

By signing, the individual is certifying that he/she is authorized on the ChartField combination(s), that the charges are appropriate to the ChartField combination(s) being charged, and the charges are legitimate expense within the University and Project guidelines.

Printed name of Authorized Requestor/Initiator: _____

Signature of Authorized Requestor/Initiator:
(required) _____

Printed name of Authorized Approver for Budget/Grant/Project: _____

Signature of Authorized Approver for Budget/Grant/Project:
(required and different from Initiator above) _____

Cashier's Use Only: _____ Payfile Number: _____ Transaction Number: _____

Note: Typical account codes for expenditures are 783110 for Participant Support - reimbursement of expenses, 783120 for Participant Support - services, and 727140 for Human Subjects payments.