

The University of North Carolina at Greensboro  
 Controller's Office  
**CASH FUND ESTABLISHMENT / REIMBURSEMENT**

BANFIN-34  
 (Rev. 04/2023)

**Shaded GRAY Areas for AP Use Only**

Prepared by \_\_\_\_\_ Date \_\_\_\_\_  
 (Please staple original receipts to top left corner.)

FUND APPROVAL	
Authorized Signature _____	Date _____
Authorizer's Email _____	

VENDOR NUMBER: _____		Custodian: _____	Banner ID: _____	Phone Number: _____
Address Code/Se _____	Address: _____	Department: _____		
City: _____	State: _____	Zip Code: _____		

<input type="checkbox"/> ESTABLISH <input type="checkbox"/> INCREASE	<table border="1"> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td colspan="2">Controller/Asst Controller Approval &amp; Date</td> </tr> </table>	_____	_____	Controller/Asst Controller Approval & Date		Fund to be Charged: _____ (Grant Funds use _____ CGBANFIN-34)
_____	_____					
Controller/Asst Controller Approval & Date						
Justification: _____						
Research Participant Study? <input type="button" value="Select"/> IRB Approval No: _____						
<p><b>Certification:</b> I understand that: (a) I am personally responsible for the advance of this cash fund; (b) I will return the fund to the Cashier's Office upon request, if I am no longer employed by the University or same department or no longer need the cash fund; (c) I will not commingle the cash fund with personal funds; (d) my cash fund is subject to audit without prior notice; (e) I agree to adhere to the cash fund policies as per the Financial Services Policies &amp; Procedures; (f) I agree the cash fund advance may be deducted from my payroll check or retirement if it is not repaid upon request; and (g) I understand reimbursement requests are to be submitted within 45 days of the expenditure.</p>						
_____ Signature of Custodian						
Document #:	Invoice Date:	Transaction Date:	Bank	CM	Due Date:	1099 Tax ID:
_____	_____	_____	_____	_____	_____	_____
Vendor Invoice #:	Commodity/Description	COA	Index/Fund	Acct	Amount	
_____	CASH ADVN	G	146002	500101		

<input type="checkbox"/> REIMBURSEMENT (Reimbursements must be submitted within 45 days of expense. IRB Studies use Account Code 221330 for participant reimbursements.)	<input type="checkbox"/> CLOSE Petty Cash Account					
Document #:	Invoice Date: (MMDDCCYY)	Transaction Date:	Bank	CM	Due Date:	1099 Tax ID:
_____	_____	_____	_____	_____	_____	_____
Vendor Invoice #:	Commodity/Description	COA	Index/Fund	Acct	Amount	
_____		G				
_____						
_____						
_____						
_____						
Return to Accounting Services, 270 Mossman Bldg					TOTAL:	_____