



# VCU Procurement Services

## Petty Cash / Subaward

**This payment form is designed to facilitate and expedite departmental requests for payment. Complete the form, attach the original paperwork and send to Accounts Payable (Box 980327) for processing. Keep a copy for department records.**

Banner Vendor Number (if known) \_\_\_\_\_

Vendor/Payee's ID Number: \_\_\_\_\_

**Check the appropriate box:**

FIN - Federal Tax Identification Number, **or**  SSN - Social Security Number

Vendor/Payee's Name: \_\_\_\_\_

Vendor/Payee's Address: \_\_\_\_\_

Vendor/Payee's Classification:  Employee  Student  Other

Business Purpose/Justification: \_\_\_\_\_

Total Amount: \_\_\_\_\_

Banner Account Distribution:	Index	Account	Amount

Direct Pay:  Petty Cash Replenishment

General Encumbrance:  Sub Award

Department Contact: \_\_\_\_\_  
Name Phone Number

Requestor Signature: \_\_\_\_\_  
Signature Printed Name Date

Approver Signature: \_\_\_\_\_  
Signature Printed Name Date

AP USE ONLY	
Document Number:	_____
Signature:	_____
Date:	_____