

**ADVANCE OF PETTY CASH PAYMENT TO SUBJECT PARTICIPATING
 IN CLINICAL TRIALS OR RESEARCH PROJECTS**

DATE:	INDEX	FUND	ORG	ACCT CODE 721H2	PROG
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NAME: _____
 Print Name of person receiving these funds
MUST be a WSU Employee

AMOUNT: _____
Not to exceed \$200

TITLE: _____

REPAYMENT DATE: _____

TELEPHONE: _____

DESCRIBE USE OF FUNDS & JUSTIFICATION:

EMAIL: _____

DEPARTMENT: _____

ADDRESS: _____

<p>Imprint Departmental Authorization Card and Departmental Signature*</p> <p style="text-align: center; margin-top: 20px;">*Indicates acceptance of the terms and conditions stated in items 1 - 6</p> <p style="text-align: center; margin-top: 20px;">Imprint Dean / Director Authorization and Signature</p>	<p>I the undersigned, acknowledge the receipt of this advance in the amount of \$(_____) _____ dollars</p> <p>From the WSU School of Medicine and agree to the following terms and conditions:</p> <ol style="list-style-type: none"> 1. Five working days per repayment date above. All funds and / or Petty Cash Participant Vouchers equaling the total amount of this advance must be submitted to the SOM Cashiers Office no later than five working days from the date this advance is received. 2. That I am personally responsible for these funds and will reimburse WSU for any of the funds no accounted for in a manner consistent with the APPM policies and procedures on Petty Cash Funds no matter how the loss occurs. 3. These funds will be kept in a secure location and not in a separate / personal bank account. 4. These funds will be used exclusively for the purpose described herein. 5. Failure to adhere to these terms and conditions will cause the disallowance of any future advances to both the department and the individual receiving this advance. 6. I have read this form and understand it in its entirety. <p style="margin-top: 20px;">_____ Signature of Person receiving the Advance Date</p> <p style="margin-top: 20px;">_____ Petty Cash Custodian Disbursing Funds Date</p>
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Return of Advance: Cash _____ + Vouchers: _____ = Total Advance: _____

Custodian _____ Payee: _____ Date _____