



IMPREST FUND REPLENISHMENT FORM

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

Date Issued:
Panther Card ID Number of Individual Receiving Replenishment: 601708 _____ X

Individual Receiving Replenishment:	
Department Name:	Contact Telephone:

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

Distribution

SpeedType	Invoice Number	Amount	Account (6)	Fund (5)	Dept (9)	Program (5)	SubClass (5)	Project/Grant (10)

Certification: <i>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.</i>	
By signing the voucher, 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 and that the replenishment amount does not exceed the original requested amount.	
*Signature of Authorized Requestor/Initiator: (required)	Date (required):
*Signature of Authorized Approver for Grant/Project: (required and different from Initiator above)	Date (required):

Cashier's Use Only:	Payfile Number:	Transaction Number:
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*Original, dated signatures are required for replenishment to be processed.