



HEALTH RESEARCH ASSOCIATION INITIAL PETTY CASH RECEIPT AND ACKNOWLEDGEMENT

Note: This form should be used for both the Research Participant Compensation Funds and Office Supply Petty Cash!

HRA PROJECT #: _____

PETTY CASH AMOUNT: \$_____

I acknowledge receipt of the amount indicated above from Health Research Association (HRA). These funds are to be used solely for Project listed above and are must not be comingled with cash from other projects or comingled with cash from the same project, which has a different purpose. By signing below, I acknowledge that I have read and understood both the HRA Research Participant Compensation Fund and the Office Supply Petty Cash Policy & Procedures.

I will reconcile Petty Cash funds each time I make a request for reimbursement (receipts + cash = Petty Cash Fund).

If I terminate my employment with HRA or USC for any reason, I will return the cash + receipts to HRA, in person, prior to my last day of work.

I understand that I am personally responsible for the security and reconciliation of all HRA Petty Cash Funds distributed to me or to my projects. *Please FAX this completed Form back to HRA at: (323) 342-0947.*

Signature

Date

Print Name

HRA USE ONLY

CHECK #: _____

CHECK DATE: _____