



Health Research Association, Inc.
an affiliate of University of Southern California

HEALTH RESEARCH ASSOCIATION PETTY CASH REPLENISHMENT CONFIRMATION

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

HRA PROJECT #: _____

AMOUNT OF THIS ADVANCE: \$ _____

PETTY CASH BALANCE: \$ _____

I confirm the above petty cash balance as of _____ (*enter date*). I have cash and receipts that total to the petty cash balance above.

I further confirm that all funds disbursed have been for the benefit of the project referenced above and that I have not commingled this petty cash with cash from other projects, or with cash from this same project that is earmarked for a different purpose.

PETTY CASH CUSTODIAN: _____

Print Name

Signature

Please FAX this completed Form back to HRA at: (323) 342-0947.

HRA USE ONLY

CHECK #: _____ CHECK DATE: _____

