



Request for Cash Box

Organization _____

Contact Person _____ Phone _____

Event/Location _____

Date Needed _____

Amount Requested \$ _____ (\$50 limit)

\$0.25 _____ \$1.00 _____ \$5.00 _____

Faculty Advisor Authorization

Print Name _____

Faculty Signature _____

* Request MUST be submitted **48 hours** in advance to the Cashier Office located in **MSR100**. Once event is over, the starting cash, the cash box, and the key must be returned to the Cashier Office.

*Person assigned to check out change fund and cash box is responsible for control and accountability.

Cash Box Release

Print Name _____

Signature _____ Date _____

Cashiers Office Use Only

Box # _____ Issued Box w/key _____ Issued Bag w/key _____

Returned box w/key _____ Returned bag w/ key _____ Date _____