



## Cash Box Request Form

### Instructions

Complete the request details section of the form and return to Accounts Receivable in Jardine Hall room 201, by mail to campus box 38, or by email to [wsuaccountsreceivable@wichita.edu](mailto:wsuaccountsreceivable@wichita.edu). Note that there are fillable form elements which can be completed digitally, but this form will ultimately be printed and will require a signature when the cash box is picked up and when it is returned.

Note: WSU recommends that the request for a cash box does not exceed \$150.00. If more than \$150.00 is needed, an additional approval process will be required due to our cash limits.

### Request Details

Group or Organization Name \_\_\_\_\_

Responsible Person's Name \_\_\_\_\_

Responsible Person's WSU ID \_\_\_\_\_

Date to Pick Up \_\_\_\_\_

Date to Return \_\_\_\_\_

Amount Requested \_\_\_\_\_

### Denominations Requested

Twenties \_\_\_\_\_

Tens \_\_\_\_\_

Fives \_\_\_\_\_

Ones \_\_\_\_\_

Quarters \_\_\_\_\_

Dimes \_\_\_\_\_

Nickels \_\_\_\_\_

Pennies \_\_\_\_\_

Purpose of Request \_\_\_\_\_

I accept full responsibility on behalf of the above named group or organization for the care of the cash that is being borrowed. The group or organization will be charged a fee in the amount of \$40.00 in addition to the value of the cash should it become lost or not returned.

I understand on behalf of the above named group or organization that the cash must be returned by the said above date to avoid a \$40.00 late fee charge.

Check Out

Responsible Person's Signature \_\_\_\_\_

Responsible Person's Contact Number \_\_\_\_\_

AR Staff's Signature \_\_\_\_\_

Return

Return Date \_\_\_\_\_

Count Upon Return \_\_\_\_\_

Responsible Person's Signature \_\_\_\_\_

AR Staff's Signature \_\_\_\_\_