

Temporary Working Fund/Receipt Book Request Form

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|---|--|---|-----------------------------|
| Working Funds Custodian/ Title <input style="width: 80%;" type="text"/> | | Faculty <input type="radio"/> | Staff <input type="radio"/> |
| Department: <input style="width: 40%;" type="text"/> | UIN/Last 4 digits of SSN: <input style="width: 30%;" type="text"/> | Telephone No.: <input style="width: 30%;" type="text"/> | |
| Amount Requested: <input style="width: 40%;" type="text"/> | Account No.: <input style="width: 50%;" type="text"/> | | |
| Funds will be used from this date: <input style="width: 60%;" type="text"/> | until this date: <input style="width: 30%;" type="text"/> | | |

Note: Working Fund Custodian must show proof of identification when picking up funds from Business Office. Funds will only be issued to Working Fund Custodian. Background check must be on file in Human Resources. Proof of Cash Handling training required. Proof of PCI Training if credit cards will be accepted.

If request is for receipt book only, please check: Training Transcript Attached

Credit cards will be accepted: Yes No PCI Training 11013 Completed PCI Training 2112477 Completed

Purpose for Funds/Receipt Book:

State where and how funds will be secured:

For Comptroller's Office Use Only:

Background Check on file? Yes No Cash Handling training on file? Yes No

Department cash handling procedures on file in Comptroller's Office? Yes No

PCI training on file? Yes No N/A

Verification Signature _____

Receipt Book Requested: Yes No

Beginning Receipt No.

Department Head/Business Coordinator
Approval Signature

AVP of Finance and Controller or Authorized Designee
Approval Signature

Receipt of Funds:

Signature _____

Date _____

I acknowledge receipt of the above mentioned funds and agree to return the funds upon completion of the event.

Return of Funds:

Signature _____

Date _____

The funds were returned to Business Office Supervisor.