



Starting Cash Request Form

Responsible Person (must be staff/faculty)

Name: _____ Phone: _____

Date cash is needed: _____

Date cash will be returned: _____

Starting Cash Requested

\$.01 (pennies) _____

\$.05 (nickels) _____

\$.10 (dimes) _____

\$.25 (quarters) _____

\$.50 (half dollars) _____

\$1.00 (dollars) _____

\$5.00 (five dollars) _____

\$10.00 (ten dollars) _____

\$20.00 (twenty dollars) _____

Total Cash Requested: _____

I understand I am personally responsible for the return of these funds and/or reporting any shortages to Campus Security and Business Services.

Starting cash and proceeds must be returned by the due date indicated above. A departmental deposit form must be completed for the proceeds including the six digit cost center and four digit account code.

Signed: _____ Date: _____

For Business Services Use:

Cash issued by: _____ Date: _____

Cashier Office

Old Main, Room 136 – Belknap & Catlin – PO Box 2000 – Superior, WI 54880-4500 – Phone (715) 394-8505