

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 wsw.wsw.wsw.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.

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	

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		

Purpose of Request_____