Short Term Cash Withdrawal



Please advise Treasury Services of your request at least 24 hours prior to your pickup

Date:		
Department:	Inc	dex Code:1904
Event:		
Twenties: \$	_ Quarters: \$	
Tens: \$	Dimes: \$	
Fives: \$	Nickels: \$	
Ones: \$	Pennies: \$	Total Cash: \$
for lost How will the funds be secure	is the responsibility of the depart t/damaged items may be billed to	the department.)
D 1 10 1		
Department Approval		Dhana
		Phone:
	Date:	
Custodian of Withdrawn Fun	nds and Loaned Equipment(P	hoto ID Required)
Name:		Phone:
Signature:		Date:

By signing you are accepting responsibility for the withdrawn funds and any loaned equipment and for their return by the return date. Funds are for change making purposes only and may not be used for making purchases.

CASH OUT RECEIPT

CASH RETURNED RECEIPT