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. 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 _____

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_____