1. CASH FLOAT IS BEING

- ESTABLISHED
- INCREASED
- DECREASED
- DISCONTINUED
- CUSTODIAN CHANGED

CHEQUE REQUEST ATTACHED

DEPOSIT FORM ATTACHED

DOCUMENT NO.

DIVISION / DEPARTMENT

2. AMOUNT OF

- NEW FLOAT
- INCREASED
- DECREASED

TOTAL FLOAT IS NOW

$ ____________________

(If amount is increased) OR DECREASED

3. CUSTODIAN OF FLOAT

NAME (PLEASE PRINT) ____________________

PERSONNEL NO. ____________________

NAME OF PRIOR CUSTODIAN IF CHANGED ____________________

DIVISION ____________________

LOCATION ON CAMPUS ____________________

TELEPHONE NUMBER ____________________

As custodian of the cash float being established via this form, I do hereby acknowledge responsibility for the above mentioned cash float. I do further state that I have read and am familiar with the guidelines governing the administration of such floats.

SIGNATURE OF CUSTODIAN ____________________

4. AUTHORIZED APPROVAL

SIGNATURE OF DEPARTMENT HEAD ____________________

TITLE ____________________

DATE ____________________

TELEPHONE NUMBER ____________________

5. TO BE COMPLETED BY THE FINANCIAL SERVICES DEPARTMENT

OPEN/INCREASE FLOAT

VENDOR ACC. NAME & NUMBER (VENDOR GRP YPCF) ____________________

INITIAL ____________________

PAYMENT REQUEST PROCESSED INITIAL ________ DATE ________

CLOSE/DECREASE FLOAT

DEPOSIT PROCESSED ____________________

INITIAL ________ DATE ________