

**CASH FLOAT FORM**

TO BE USED WHEN ESTABLISHING OR CHANGING AND EXISTING CASH FLOAT

**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 _____
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CLOSE/DECREASE FLOAT	DEPOSIT PROCESSED _____	INITIAL _____	DATE _____
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