

# Temporary Working Fund/Receipt Book Request Form

Working Funds Custodian/ Title	<input type="text"/>	Faculty	<input type="radio"/>	Staff	<input type="radio"/>
Department:	<input type="text"/>	UIN/Last 4 digits of SSN:	<input type="text"/>	Telephone No.:	<input type="text"/>
Amount Requested:	<input type="text"/>	Account No.:	<input type="text"/>		
Funds will be used from this date:	<input type="text"/>	until this date:	<input type="text"/>		

**Note: Working Fund Custodian must show proof of identification when picking up funds from Business Office. Funds will only be issued to Working Fund Custodian. Background check must be on file in Human Resources. Proof of Cash Handling training required. Proof of PCI Training if credit cards will be accepted.**

If request is for receipt book only, please check: ☐ Training Transcript Attached ☐

Credit cards will be accepted: ☐ Yes ☐ No ☐ PCI Training 11013 Completed ☐ PCI Training 2112477 Completed

Purpose for Funds/Receipt Book:

State where and how funds will be secured:

## For Comptroller's Office Use Only:

Background Check on file? ☐ Yes ☐ No Cash Handling training on file? ☐ Yes ☐ No

Department cash handling procedures on file in Comptroller's Office? ☐ Yes ☐ No

PCI training on file? ☐ Yes ☐ No ☐ N/A

Verification Signature \_\_\_\_\_

Receipt Book Requested: ☐ Yes ☐ No

Beginning Receipt No.

\_\_\_\_\_  
Department Head/Business Coordinator  
Approval Signature

\_\_\_\_\_  
AVP of Finance or Controller  
Approval Signature

Receipt of Funds:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

I acknowledge receipt of the above mentioned funds and agree to return the funds upon completion of the event.

Return of Funds:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

The funds were returned to Business Office Supervisor.