



Bookstore Cash Funds Request

Request for **Start-up** Bookstore Cash Fund (40-003530-1101-N-00000)

Request for **Additional** Bookstore Cash (40-003530-1101-N-00000)

(FYI - If cash box nears \$200-\$250, submit form immediately in order to get a reimbursement check to replenish your Bookstore cash box)

Request Date: _____ Date Needed: _____

Contact: _____ Phone: _____

Startup Cash Amount **\$ 500 max.** Additional Cash Requested \$ _____

Justification of Need for Fund and/or Additional Funds: _____

Requested by: Custodian and Supervisor:

Custodian Name (please print): _____

Custodian Signature: _____

Supervisor/Dept. Head Name (please print): _____

Supervisor/Dept. Head Signature: _____

Submit completed form to:

Senior Operations Accountant

Morrow Hall Room M-106

(541) 278-5746

For Business Office use only:

Business Office Approval _____ **Date** _____

Purchase Order # _____ **Date** _____

Cash Funds Returned \$ _____ **Date** _____