

Date:

Accounts Receivable 2500 University Drive NW Calgary, AB T2N 1N4

finance@ucalgary.ca

Cash Float Request Form

	authorized by the appropriate de	e the amount of a float. The form must be completed in full and epartment head. The amount requested must be justified and eeds, and is subject to approval by Accounts Receivable
Instructions: This form must be sent to the Accounts Receivable once signed by department head		
Date:		Department:
Requested By:		Dept. ID:
UCID#		Department Head:
Phone #:		Department Head Signature:
	FLOAT CUSTO	DIAN DETAILS
Float Custodian:		
Float Custodian UCID #:		
Float Custodian UCID #: Float Custodian Phone #:		
Float Custodian Phone #:		
Float Custodian Phone #: New Float Custodian Phone #:		
Float Custodian Phone #: New Float Custodian Phone #: Amount of Float Requested: Date of Requested Pick-Up:		
Float Custodian Phone #: New Float Custodian Phone #: Amount of Float Requested: Date of Requested Pick-Up:		
Float Custodian Phone #: New Float Custodian Phone #: Amount of Float Requested: Date of Requested Pick-Up: r Office Use Only te Request Received:		
Float Custodian Phone #: New Float Custodian Phone #: Amount of Float Requested: Date of Requested Pick-Up:		eived By: