

**PETTY CASH FLOAT REQUEST/ AMENDMENT / CLOSURE**

***Send completed form to***: Chief Cashier, Finance Division, 23-38 Hythe Bridge Street.

**NEW FLOAT**

|  |  |
| --- | --- |
| Amount requested £ | To be held on Cost Centre: |
| Name of Float Owner: | Reason float required: |

**FLOAT AMENDMENT**

|  |  |
| --- | --- |
| Existing float £ | Amend to £  |
| Name of Float Owner: | Reason for increase (if applicable): |

**FLOAT CLOSURE**

|  |  |
| --- | --- |
| Amount of float to be closed £ | Held on Cost Centre:  |
| Claim form included for £ | Cash balance returned £ |

Signed (Administrator)…………………………………………………………………

Name:……………………………………………………………… Date:……………………………………

Approved by Chief Cashier……………………………………. Date:………………………….