

Department Requesting Draw: \_\_\_\_\_

Event: \_\_\_\_\_

Amount Requested: \_\_\_\_\_

If specific denominations are needed, please specify:

Denomination	Number of each requested:
\$100	
\$50	
\$20	
\$10	
\$5	
\$1	
Coin	

Department Representative: \_\_\_\_\_ Empl ID: \_\_\_\_\_

Draw Date: \_\_\_\_\_ Return Date: \_\_\_\_\_

All monies must be properly secured, either in a locked drawer, or a cashbox. If the department does not have means of securing the funds, cashboxes are available from Customer Account Services.

Cashbox needed:  Yes  No

If no cashbox is needed, please indicate method to be utilized to safeguard the funds:

By signing you indicate your agreement with the above Temporary Cash Draw Request, and with Customer Account Service's Department Draw Procedure available at [www.ndsu.edu/cas/department\\_draws\\_and\\_department\\_check\\_cashing/](http://www.ndsu.edu/cas/department_draws_and_department_check_cashing/)

\_\_\_\_\_  
Signature Date

CAS Staff Initials \_\_\_\_\_

**Please print this form.**

**Route this form to :**  
Customer Account Services  
Ceres Hall 302  
Phone (701) 231-8782