

# Cash Float



Use this form to verify your cash float. Send the completed and approved form to Accounts Receivable (acctsreceivable@ufv.ca).

Name: \_\_\_\_\_

Location: \_\_\_\_\_

Date: \_\_\_\_\_

Nickels	0.05 x	_____	=	_____
Roll of Nickels	2.00 x	_____	=	_____
Dimes	0.10 x	_____	=	_____
Roll of Dimes	5.00 x	_____	=	_____
Quarters	0.25 x	_____	=	_____
Roll of Quarters	10.00 x	_____	=	_____
Loonies	1.00 x	_____	=	_____
Roll of Loonies	25.00 x	_____	=	_____
Toonies	2.00 x	_____	=	_____
Roll of Toonies	50.00 x	_____	=	_____
\$5.00 Bill	5.00 x	_____	=	_____
\$10.00 Bill	10.00 x	_____	=	_____
\$20.00 Bill	20.00 x	_____	=	_____
\$50.00 Bill	50.00 x	_____	=	_____
\$100.00 Bill	100.00x	_____	=	_____
Grand Total:				=====

Signature: \_\_\_\_\_

Witness: \_\_\_\_\_

Note that at any time the cash float may be audited by Financial Services.