Cash Withdrawal Request Form

Please complete all fields and once completed, please email the form to FinanceServiceDesk@sussex.ac.uk

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| **PLEASE COMPLETE IN BLOCK CAPITALS**. |
|  Title: [ ]  Prof [ ]  Dr [ ]  Mr [ ]  Mrs [ ]  Ms Other: |  |
| Card Holder’s Name (First/middle/last): |  |
| Card Holder’s Staff ID/RESNO |  |
| Card Number (last 8 digits) |  |

|  |  |
| --- | --- |
| Email Address: |  |

Please provide justification for your request below.

**Justification:**

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I confirm that I have read and understand the [**University of Sussex Purchasing Policy**](http://www.sussex.ac.uk/finance/how/purchasing). and I am aware that all cash withdrawals include a **3% charge** [ ]

**To be completed by the Applicant:** Please note that an ORIGINAL signature is required.

|  |  |
| --- | --- |
| **Date completed:** | **Applicant’s signature** |
|  |  |

**To be completed by** **Head of School/Director of Professional Services:** Please note that an ORIGINAL signature is required.

|  |  |
| --- | --- |
| **Head of School/Director of Professional Services** | Sign and Date:Print Name: |

*Scan & e-mail to* *FinanceServiceDesk@sussex.ac.uk*