CATHOLIC RELIEF SERVICES – USCCB

###### SIMPLIFIED CASH REQUEST FORM

|  |  |  |
| --- | --- | --- |
| **OCH Custodian name** | **Office Name** | **Request date** |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| **Period of request** | **Start date** | **End date** |
|  |  |  |

(Normally the period of request is 4 weeks. However requests can be made for shorter periods as well)



|  |  |
| --- | --- |
| **CURENCY**  |  |
| 1. **APPROVED OCH LEVEL**
 |  |
| 1. **CASH IN HAND**
 |  |
| 1. **CASH REQUIREMENT FOR THE PERIOD**
 |  |
| 1. **CASH REQUIRED (D= C-B + Buffer)**
 |  |

If the “Cash Required” request if more than the approved OCH level (A), then a request needs to be made to the CR/ RD to increase the Approved OCH level.



|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Project No** | **Task No** | **Exp. Type** | **Exp. Org.** | **Vendor No** | **Employee No** | **Amount** |
| 106XXX |  |  |  |  |  |  |

**Prepared by (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Name) (Signature)

**Approved by (print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(Name) (Signature) (Date)