

Confirmation of Departmental Cash Holdings and Sterling / Currency Advances 30 June 2024

(Nil returns are required)

| Section A – General Informat | ion |
|------------------------------|-----|
|------------------------------|-----|

| 1. | Department name | | |
|--|---|--|--|
| 2. | Department code | | |
| 3. Does the Department operate any of the following: | | | |
| | Petty Cash Cash Remuneration Imprest Till Float Sterling / Currency Advance accounts | | |
| | (Transaction codes SPAA, SPAB, SPCA or UNDF) Yes / No | | |
| | If ' Yes' please complete Sections B and C | | |
| | If 'No' please complete Section C | | |



Section B – Cash Holdings

| 1. | Petty Cash (SPAA) | | |
|----------|---|--|--|
| L | | | |
| | Authorised float £ | | |
| | Does the physical cash held and any un-replenished expenditure, as at 30 June 2024, match the authorised float value? | | |
| | Yes / No | | |
| | If 'No' please attach details of the variance. | | |
| | | | |
| 2. | Cash Remuneration Imprest (SPAB) | | |
| | Balance outstanding at 30 June 2024 £ | | |
| | Does the physical cash held and as at 30 June 2024 match the account balance? | | |
| | Yes / No | | |
| | If No please attach details of the variance. | | |
| | | | |
| 3. | Till floats (SPCA) | | |
| <u> </u> | , , , | | |
| | Balance outstanding at 30 June 2024 £ | | |
| | Does the physical cash held and as at 30 June 2024 match the account balance? | | |
| | Yes / No | | |
| | If 'No' please attach details of the variance. | | |
| | | | |
| 4. | Sterling / Currency Advances (UNDF) | | |
| | Balance outstanding at 30 June 2024 £ | | |
| | Is the outstanding balance fully accounted for as relating to current projects? | | |
| | Yes / No | | |
| | If 'No' please attach details of the variance. | | |



Form prepared by:

Section C - Contact Information

| (please provide co | ntact details in case of query) |
|------------------------------------|--|
| Signature | |
| Print Name | |
| Position | |
| Telephone no. | |
| Email address | |
| Authorisation I, the undersigned, | confirm that the details above were correct and true as at 30 June |
| 2024. | |
| Signature | |
| Print name | |
| Position | |
| | |

Please return this completed form by email attachment (PDF preferred) to:

UFSCashier@admin.cam.ac.uk

Telephone: 01223 748867 If you have any questions or need clarification on any aspects of this form.

The Cashier Finance Division Ground floor Greenwich House Madingley Rise Cambridge CB3 0TX

Date