



**WISCONSIN**  
UNIVERSITY OF WISCONSIN-MADISON

# Armored Car Service Change Form

**Send request to:** Accounting Services - Cash Management  
UW-Madison, 21 N. Park Street, Suite 5301, Madison, WI 53715-1218  
(608) 263-7461 ▪ [cashmgt@bussvc.wisc.edu](mailto:cashmgt@bussvc.wisc.edu)

<b>Division/Department ID (required):</b>				
<b>Division/Department (provide full name):</b>				
<b>Building address:</b>				
<b>Street address:</b>				
<b>Contact name:</b>		<b>Telephone:</b>		
<b>Email address:</b>				
Type of Request	Date request will begin	Acceptable time range for pick up	Days of week for pick up (M, T, W, R, F)	Street address
<input type="checkbox"/> 1 <b>Add Pickup Location</b>				Bldg/Rm No: _____
<input type="checkbox"/> 2 <b>Remove Pickup Location</b>				Bldg/Rm No: _____
<input type="checkbox"/> 3 <b>Change the Date(s) for Pickup</b>				
	From:			
	To:			
<input type="checkbox"/> 4 <b>Change Pickup Time</b>				
	Old time was:			
	New time is:			
<input type="checkbox"/> 5 <b>Change Pickup Location</b>				
	From:			Old Bldg/Rm No: _____
	To:			New Bldg/Rm No: _____
<input type="checkbox"/> 6 <b>Change Pickup Location Contact Information</b>				
	New contact name: _____			
	New contact email: _____			
	New contact phone: _____		Fax: _____	

Signature of Contact Person: \_\_\_\_\_

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

Signature of Department Manager: \_\_\_\_\_

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

Approved by Cash Management Manager Date: \_\_\_\_\_

Armored Car Service Notified Date: \_\_\_\_\_