

**FP09/10 OPERATING CASH MANAGEMENT PROCEDURE**

**APPENDIX E**

<b>ESSEX PARTNERSHIP UNIVERSITY NHS FOUNDATION TRUST</b>
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<b>INVESTMENT APPROVAL FORM</b> Date.....
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<b>RECOMMENDATION</b>	
Institution	
Interest Rate	
Amount	
Interest	
Term	
Maturity date	
Prepared by	

<b>INVESTMENT APPROVAL</b>	
Amount	
Amount in Words	
Settlement Instructions	
Authorised by Primary Signatory (ECFO, DCFO, HoFA or HoFM)	
Print Name	
Authorised by Secondary Signature (Primary or Deputy HoFA )	
Print Name	

<b>CONFIRMATION OF INVESTMENT</b> (to be completed by person placing investment)	
Amount	
Rate	
Term	
Placed by (FM / SFA)	
Confirmation letter Sent (CCS)	<b>YES/NO</b>
Register Updated (SFA)	

- |      |                                      |
|------|--------------------------------------|
| ECFO | Executive Chief Finance Officer      |
| DCFO | Deputy Chief Finance Officer         |
| HoFA | Head of Financial Accounts           |
| HoFM | Head of Financial Management         |
| FM   | Finance Manager – Financial Accounts |
| SFA  | Senior Financial Accountant          |

SAMPLE - DO NOT USE