



Request for a New Change Fund

Please complete this form when there is a request for a new change fund. Send completed form to Gloria Pageau, Finance-ECH.

Date of Request:	Department:
Amount Requested: \$	Building & Room Location:
Reason for Request: Please describe what type of activities the change fund will be used for. _____ _____	
Please describe how the funds will be stored on campus, i.e. in a locked cash box and/or safe. _____ _____	
Please select status of the fund: <u>Permanent</u> or <u>Temporary</u> (Please Circle one). If Temporary, specify date money will be returned by: _____	
Please fill in the department's account flex field below: Department AFF: _____ - 100 - ____ - 0000 - 000000 - 1050 - 0000 - 000	
I hereby agree that I have read and understand the Custodian responsibilities as outlined in the Guidelines in the Change Fund Procedures Document on the Finance website.	
_____ Name of Custodian & Phone Ext. (please print)	_____ Signature of Custodian
_____ Name of Approver & Phone Ext. (please print)	_____ Signature of Approver (Dean, Chair/Director or Department Head)

Finance Use Only:

Gloria Pageau, Financial Reporting	Date Approved
Payables Accounting Analyst	Date System Updated