# 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.

<table>
<thead>
<tr>
<th>Date of Request:</th>
<th>Department:</th>
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<tr>
<th>Amount Requested: $</th>
<th>Building &amp; Room Location:</th>
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**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:** Permanent or Temporary (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