Departmental Change Fund Request Form

Requesting Department ____________________________________________________ Date ____________________

Amount requested __________________ FOAP: FUND ___________ ORGN ___________ ACCOUNT  101223

Is this request for Temporary Funds ☐ or Permanent Funds ☐

Custodian:

Name ___________________________________________________   Title____________________________________

E-mail____________________________________________________ Telephone____________________________

Date funds will be picked up ___________________ Date funds will be returned (if temporary) ____________________

Purpose of Change Fund

Reason for Request:

__________________________________________________________________________________________________

__________________________________________________________________________________________________

Building/Room # where funds will be maintained ________________________________

How will the funds be secured? ________________________________________________________________________

__________________________________________________________________________________________________

Who will have access to the funds other than the custodian? ________________________________

__________________________________________________________________________________________________

Denominations requested:

<table>
<thead>
<tr>
<th>Coins</th>
<th># of Rolls</th>
<th>Dollar Amount</th>
<th># of Bills</th>
<th>Dollar Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>.01</td>
<td>_______ (.50)</td>
<td>_______</td>
<td>$1 ________</td>
<td>____________</td>
</tr>
<tr>
<td>.05</td>
<td>_______ ($2)</td>
<td>_______</td>
<td>$5 ________</td>
<td>____________</td>
</tr>
<tr>
<td>.10</td>
<td>_______ ($5)</td>
<td>_______</td>
<td>$10 ________</td>
<td>____________</td>
</tr>
<tr>
<td>.25</td>
<td>_______ ($10)</td>
<td>_______</td>
<td>$20 ________</td>
<td>____________</td>
</tr>
</tbody>
</table>

Total ________________________

Approvals

Department Head/Business Manager

Name ___________________________   Title___________________________

E-mail______________________________ Telephone___________________________

Signature: _____________________________________________________________________________

Student Account Services Receivables Approval