

THE UNIVERSITY OF ALABAMA
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:

Coins	# of Rolls	Dollar Amount	# of Bills	Dollar Amount	
.01	_____ (.50)	_____	\$1	_____	_____
.05	_____ (\$2)	_____	\$5	_____	_____
.10	_____ (\$5)	_____	\$10	_____	_____
.25	_____ (\$10)	_____	\$20	_____	_____
				Total	_____

Approvals

Department Head/Business Manager

Name _____ Title _____
 E-mail _____ Telephone _____
 Signature: _____

Student Account Service Approval

Name _____ Date: _____

Signature: _____