THE UNIVERSITY OF ALABAMA
Departmental Change Fund Request Form

Requesting Department ___________________________ Date ___________________________

Amount requested __________________ FOAP: FUND __________________ ORGN: _____________ ACCOUNT _____________

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>_______</td>
<td>(.50)</td>
<td>$1</td>
<td>_______</td>
</tr>
<tr>
<td>.05</td>
<td>_______</td>
<td>($2)</td>
<td>$5</td>
<td>_______</td>
</tr>
<tr>
<td>.10</td>
<td>_______</td>
<td>($5)</td>
<td>$10</td>
<td>_______</td>
</tr>
<tr>
<td>.25</td>
<td>_______</td>
<td>($10)</td>
<td>$20</td>
<td>_______</td>
</tr>
</tbody>
</table>

Total ______________________

Approvals

Department Head/Business Manager

Name ___________________________________________ Title ___________________________________________

E-mail __________________________________________ Telephone _______________________________________

Signature: _________________________________________________________________________________

Student Account Service Approval

Name ___________________________________________ Date: ________________________________