



Change Fund Authorization Form

REQUEST FOR CHANGE FUND

State need and purpose for fund: _____

Where will fund be located (building, room #) _____

Requested Amount for Fund \$ _____ Organization Number _____

Name of Custodian _____ Org. Number Title _____

Custodian Signature _____ Financial Manager Signature _____

Custodian NMU IN _____

Authorization of Change Fund (Controller Office Use Only)

Amount of Fund \$ _____ Date Issued _____

Authorized by _____ Date _____

INSTRUCTIONS FOR COMPLETING CHANGE FUND AUTHORIZATION FORM

1. Funds are to be used only to make change for paying customers and for daily cash drawer. Payments to individuals for services are not allowed.
2. Return fund to Financial Services when need for fund ceases.
3. The fund is to be maintained at its authorized amount at all times.
4. Funds may be verified periodically for audit purposes by the Controller Office, the Internal Audit Office, or Financial Services.
5. If there is a change in the custodian of the fund, notify the Financial Services.
6. If there is a theft, notify Public Safety and Police Services and the Financial Services.
7. A Change Fund is not a Petty Cash Fund and cannot be used to make purchases.