CHANGE FUND REQUEST FORM

CUSTODIAN INFORMATION (REQUIRED WITH ALL REQUESTS)

<table>
<thead>
<tr>
<th>Custodian:</th>
<th>Name</th>
<th>UNCC ID#</th>
<th>Department</th>
<th>Phone</th>
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</thead>
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SECTION 1: ESTABLISH A CHANGE FUND (ONCE COMPLETE, CONTINUE TO SECTION 3)

Purpose of Fund: ____________________________

Temporary? ☐ Or Permanent? ☐

If Temporary, Date of Return ____________________________

Requested Amount of Change Fund: $ ____________________________

Banner Fund #: - G11110

Reason for Requested Amount: ____________________________

Anticipated Frequency of Use


Alternate Custodian (if requested)

<table>
<thead>
<tr>
<th>Name</th>
<th>UNCC ID#</th>
<th>Phone</th>
</tr>
</thead>
</table>

Lockbox? ☐ Y ☐ N

(If No, provide proof of purchase before funds will be released)

Location of Fund ____________________________

Building Room No.

SECTION 2 (A or B): INCREASE, DECREASE, OR CLOSE AN EXISTING FUND (ONCE COMPLETE, CONTINUE TO SECTION 3)

A. Increase Fund Amount:

Current Amount: $ ____________________________

Banner Fund #: G-11110

Additional Amount requested: $ ____________________________

Attach Justification

B: Decrease/Close Fund:

*Deposit Cash/Check to Fund # - G11110 Amount deposited with cashiers: $ ____________________________

*Contact Change Fund Officer to confirm Fund #. Use Deposit Form to deposit Cash/Check at Cashier’s. Attach original receipt. Return packet to Change Fund Officer.

SECTION 3: DEPARTMENT ADMINISTRATIVE APPROVAL (ONCE COMPLETE, SEND TO CHANGE FUND OFFICER)

Prepared by ____________________________ Date: __ __

Custodian Signature Phone

Approved by ____________________________ ____________________________ Date: __ __

Supervisor Signature Phone Print Supervisor Name

SECTION 4: CONTROLLER’S OFFICE - GENERAL ACCOUNTING APPROVAL

Approved by ____________________________ Date: ____________________________

Change Fund Officer Signature

**Change Fund Officer will contact Custodian when Check is available for Pick Up**

SECTION 5: FUND DISBURSEMENT

I, ____________________________, as fund custodian, acknowledge receipt of change funds in the amount of $ __________. I certify that I have read, understand, and will comply with UNC Charlotte’s current change fund procedures and University Policy 602.3 (Formerly Policy Statement #39). I acknowledge that I have been trained in the Change Fund policy and procedures.

Custodian Signature Date

Rev 4/13