



CHANGE FUND REQUEST FORM

CUSTODIAN INFORMATION (REQUIRED WITH ALL REQUESTS)

Custodian:

Name UNCC ID# Department Phone

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

Weekly? Monthly? Seasonal? Explanation: _____

Alternate Custodian (if requested)

Name UNCC ID# Phone

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