

**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 | **Location of Fund** |  |  | | (If No, provide proof of purchase before  funds will be released) | | | | |  | 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](https://finance.uncc.edu/resources/forms?field_resources_department_tid_1=All&=Apply) 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