

**CHANGE FUND REQUEST FORM**

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| **CUSTODIAN INFORMATION (REQUIRED WITH ALL REQUESTS)** |
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| **Custodian:** |  |  |  |  |
|  | Name | UNCC ID# | Department | Phone |

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|  **SECTION 1: ESTABLISH A CHANGE FUND (ONCE COMPLETE, CONTINUE TO SECTION 3)** |

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| **Purpose of Fund:** |  |

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| Temporary? | [ ]  | Or Permanent? | [ ]  | If Temporary, Date of Return |  |

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| **Requested Amount of Change Fund:** | $  | Banner Fund #: | - G11110 |

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|  **Reason for Requested Amount:** |  |

 **Anticipated Frequency of Use**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Weekly? | [ ]  | Monthly? | [ ]  | Seasonal? | [ ]  | Explanation: |  |

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| **Alternate Custodian (if requested)** |  |
| Name UNCC ID# Phone |

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| **Lockbox?** | [ ]  | Y | [ ]  | N | **Location of Fund** |  |  |
| (If No, provide proof of purchase before funds will be released) |  | Building | Room No. |

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| **SECTION 2 (A or B): INCREASE, DECREASE, OR CLOSE AN EXISTING FUND (ONCE COMPLETE, CONTINUE TO SECTION 3)** |
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| **A. Increase Fund Amount:** | **Current Amount:** | $  |
| Banner Fund #:\_\_\_\_\_\_\_\_\_\_G-11110 | **Additional Amount requested:** | $ **Attach Justification** |

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| **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. |

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| **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 |

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| **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\*\*** |

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| **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 |

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