# Twin Cities Campus

# Change Fund Request Form

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| --- | --- |
| **Unit Name:**  | **Date:** |
| **Requester Name (Fund Custodian):** | **Phone:** |
| **Email address:**  | **Fax:** |
| **Campus Address** |  |
| **Please indicate type of request: Permanent or Temporary**  |  |

| Change Fund Request |  |
| --- | --- |
| I am requesting to: |  | **Amounts** |
| ESTABLISH NEW Change Fund | Requested Amount | $ |
| INCREASE Existing Change Fund | Increase Amount | $ |
| REPLENISHExisting Change Fund | Requested Amount | $ |
| DECREASEExisting Change Fund | Decrease Amount | $ |
| CLOSEExisting Change Fund | Total Closing Balance | $ |
| ***New Change Fund Grand Total*** *(if increasing/decreasing)* | **$** |

| Account String Information | FUND | **DEPT ID** | **ACCOUNT** |
| --- | --- | --- | --- |
| Enter Account String for the Change Fund**(Note: the Account # is always 104990 for Change Funds)** |  |  | 104990 |

| Cashier Office to disburse funds: Alternate campuses applicable to permanent change fund requests only |
| --- |
|  |  |  |  |  |
|  |  | East Bank/St. Paul (TC Campus) |  | Crookston  |
|  |  |  |  |  |
|  |  | Duluth |  | Morris |
|  |  |  |  |  |
| Justification for Request: Please describe in detail the purpose of the fund and how the fund will be utilized. |
|  |

 \*Once approved, enter Deposit Detail Report ID# & Date created below

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  | Approved |  | \*Dept Deposit ID#  |
|  |  |  |  |  |
|  |  | Denied |  | \*Date Created  |
|  |  |  |  |  |
|  |  |  |  |  |

Reason if Denied:

 OIB Signature Approval: Date: