# Morris Campus

# Change Fund (Cash Box) Request Form

 Procedure:

* **Cash box requests must be made at least ONE WEEK in advance**.
* The cash received will be taken from the budget (please provide below) of your organization or department. That amount will be returned, in full, when you are done with the change fund and have returned the box, funds, and signage.
* Cash boxes are available tobe picked up **at the Business Office** between 8:30 am - 4:00 pm
* When the event is complete, return the cashbox and the original amount to the Business Office.
* A Department Deposit needs to be made for the proceeds of the event.
* If the box and its contents will be in use for an extended period, please make arrangements to store it in a secure office when it is not being used, such as Student Activities or Campus Police.
* If you need to replenish your cash by changing out larger bills for smaller denominations you may do that at the UMM Business Office/Cashier Window.
* Checks received must be made payable to UMM or University of Minnesota Morris. Verify the amount written, and spelled out, match and the check is signed. Restrict color of ink to BLACK OR BLUE.

|  |  |
| --- | --- |
| **Department Name:**  | **Date:** |
| **Requester Name:** | **Phone:** |
| **Please indicate type of request: Permanent or Temporary**  |  |

| **Cash Request Amount:** |  |
| --- | --- |
| **Dollar Amount Breakdown Needed** |
| $\_\_\_\_\_\_\_\_\_Twenties | $\_\_\_\_\_\_\_\_\_\_\_Tens | $\_\_\_\_\_\_\_\_\_\_\_\_Fives $\_\_\_\_\_\_\_\_\_\_Ones |
| $\_\_\_\_\_\_\_\_\_Quarters | $\_\_\_\_\_\_\_\_\_\_\_ Dimes | $\_\_\_\_\_\_\_\_\_\_\_\_Nickels  |
| ***Cash Request Grand Total*** | **$**  |

| **Account String Information** | **FUND** | **DEPT ID** | **PROGRAM** | **ACCOUNT** | **CF2** |
| --- | --- | --- | --- | --- | --- |
| Enter Account String for the Change Fund |  |  |  |  |  |
|  |  |  |  |  |
| **Justification for Request: Please describe in detail the purpose of the fund and how the fund will be utilized.** |
| By signing below I acknowledge that I have read and understand the information above and agree to abide by all university cash handling policies and procedures. Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | Approver Initials |  |  Box # Assigned |
|  |  |  |  |  |  |  |
|  |  |  |  | Disbursed Department Deposit ID# |  |  Date Disbursed  |
|  |  |  |  |  |  |  |
|  |  |  |  | Returned Department Deposit ID# |  |  Date Returned |
|  |  |  |  |  |  |  |