# Twin Cities Campus

# Change Fund Request Form

|  |  |
| --- | --- |
| **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: