

University of Houston Clear Lake

Change Fund Request Form - Departmental

Please complete, sign, and forward this form for review to General Accounting at:
 General Accounting | North Office Annex (NOA) II | MC 104 | (281) 283-2050 | GeneralAcctg@UHCL.edu

Completed by: _____ Date of Request: _____

Cost Center:	10103					
	Account	Fund	Dept.	Program	Project ID	Speed Type

Purpose of fund or reason for modification or closure

How and where will the fund be safeguarded? (include building and room number)

Title of Change Fund (Required for New or Change) _____

ACTION REQUESTED:

Establish a NEW Change Fund in the amount of		\$ _____
Annual Reauthorization of Existing Fund/On-Line Certification (enter amount of change fund)		\$ _____
Modify Existing Fund	Increase Decrease	\$ _____ to \$ _____ From Current Requested Amount
CLOSE Existing Change fund		

SIGNATURE APPROVALS

Change Fund Custodian:	*I certify that I have completed the Cash Handling training (through PASS) and have a Cash Handling Authorization Form on file with General Accounting for the current fiscal year. *I will ensure that employees with access to Change Fund have completed the Cash Handling training (through PASS) and have a Cash Handling Authorization Form on file with General Accounting for the current fiscal year.	
X _____	Employee ID: _____ Date: _____	For GA Use Only: CH Form on File for FY Yes Initials:

Business Administrator:	*I certify that I have completed the Cash Handling training (through PASS) and have a Cash Handling Authorization Form on file with General Accounting for the current fiscal year.	
X _____	Employee ID: _____ Date: _____	For GA Use Only: CH Form on File for FY Yes Initials:

Cost Center Manager:		
X _____	Date: _____	

Department/College Head:		
X _____	Date: _____	

AVP Business Operations APPROVAL

Associate Vice President Business Operations		
X _____	Date: _____	

THE SECTION BELOW TO BE COMPLETED AT STUDENT BUSINESS SERVICES (SSCB 1.103)

Funds received by: (must match "Custodian" above)		
X _____	Date: _____	
Print Name: _____		
Funds distributed by SBS Representative:		
X _____	Date: _____	
Print Name: _____		