University of Houston Z 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 | <u>GeneralAcctg@UHCL.edu</u>

Completed b	ру:							Date of R	equest:	
Cost Center:	10103									
	Account	t Fund	Dept.	Program	Project ID	Speed Type				
Purpose of fu	nd or reas	on for mo	dification	or closure						
How and wh	ere will the	e fund be	safeguard	led? (include	e building and	d room number	r)			
THe of Chap			- Now or							
Title of Chang		equilea n	SEINEW OF	Change)						
	-	a NEW Cha	ange Fund	in the amount	t of				\$	
	Annual R	eauthoriza	tion of Exist	ing Fund/On-l	ine Certificatio	on (enter amoun	t of change fund)			
	Modify E	ixisting Fund	d			Increase	Decrease	\$	urrent to Re	
	-	visting Char						From C	urrent to Re	quested Amount
SIGNATURE A										
Change Func	I Custodia		-		npleted the Ca g for the curre	-	ining (through PASS)) and have a Cash I	landling Authoriza	tion Form on file
			*I will ensu	re that emplo	yees with acc	ess to Change Fu	und have complete			PASS) and have
			a Cash Ha	ndling Author	ization Form o	n file with Gener	al Accounting for th	ie current tiscal yea	r.	
										GA Use Only:
X					-	Employee ID:		Date:	CH Form or Yes Initia	n File for FY als:
Durinoss Adr	-t-t-k-ator		*I certify th	nat I have con	npleted the Ca	ash Handling trai	ining (through PASS)) and have a Cash I		_
Business Adr	ninistrator:		-		-	-	ining (through PASS) r the current fiscal ye		Handling	
Business Adr	ninistrator:		-		le with Genera	al Accounting for	the current fiscal ye	ear.	landling	GA Use Only:
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