

University of Houston Clear Lake

Change Fund Request Form - Temporary

Date of Request: _____ Completed By: _____

Name of Event: _____

Date(s) and Time(s) of the Event: _____

Purpose/Use of Funds: _____

Quantity	\$Amount	Total Amount Requested:	Remarks (Optional):
_____ Ones	\$ _____	\$ _____	
_____ Fives	\$ _____		
_____ Tens	\$ _____		

Cost Center: _____ Speed Type: _____

Date funds to be picked up: _____ To be returned: _____

Custodian #1 Signature: _____ *I certify that I have completed the Cash Handling training (through P.A.S.S.) and have a Cash Handling Authorization Form on file with General Accounting.*

X _____ Date: _____

Custodian #2 Signature (if applicable): _____ *I certify that I have completed the Cash Handling training (through P.A.S.S.) and have a Cash Handling Authorization Form on file with General Accounting.*

X _____ Date: _____

Cost Center Manager Signature: _____

X _____ Date: _____

Department/College Head Signature: _____

X _____ Date: _____

Once the above information has been completed and all above signatures obtained, please submit this form to the Finance Office in NOA II, MC 103, or via email AVPBusOps@uhcl.edu for AVP Business Operations approval.

X _____ Date: _____

Sherry Hawn, Associate Vice President, Business Operations

This area to be completed at Cashier/Student Business Services Office.

Funds Received By: (Must match a "Custodian" above.)

X _____ Date: _____

Printed Name: _____

Funds Received By Cashier:

X _____ Date: _____

Cashier Signature

Printed Name: _____