Before a Change Fund is established, this form must be completed. Please see the Change Fund Procedures for guidance. If the request is accepted, a check for the approved amount will be made payable to the Change Fund Custodian.

Custodian Name: _______________________________  Club Name: _______________________________

Total Dollar Amount Requested: $_______________

Purpose of Fund: ____________________________________________

Event Date: ____________________________________________

Event Locations: ____________________________________________

Means of safekeeping (e.g. safe, vault, locked cash box): ____________________________________________

Name of Club Cash Handlers: ____________________________________________

________________________________________

I certify that this Change Fund will be administered in accordance with the Policies and procedures of HSU and with the educational mission of the University. By signing below, I certify that I have read and will comply with the Change Fund requirements.

Name of Custodian (Print): ____________________________________________

Signature of Custodian: _______________________________ Date: ________________

Address for Check if Applicable: ____________________________________________

Phone Number: _______________________________ HSU ID# _______________________________

Approval:

Club Treasure: _______________________________ Date: ________________

Club Advisor: _______________________________ Date: ________________

Director of Finance Signature: _______________________________ Date: ________________

A/P Use Only: Check processed: ____________________________________________ Date: ________________

A/P Tech Signature: ____________________________________________ Date: ________________

Copy to Cashiers

Chartfield: Fund: ____________________ Department: ____________________