



Student Clubs & Organizations Change Fund Request

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: _____
A/P Tech Signature _____ Date _____

Copy to Cashiers Chartfield: Fund: _____ Department: _____