Saint Louis University

Departmental Change Fund Request Form

Request a New Change F	und		Change Fund /Decrease	"Request to Close a Change Fund	
Custodian's Name:			Department:		
Custodian's Title:			Custodian's Phone Number:		
Address of Change Fund's Physical Location:			Physical Location in Office:		
New Change Fund: To es	stahlish a new	z change fun	d please complet	te the Amount Requested below.	
Amount Requested: \$		change run	u, prease compres	te the fillount requested below.	
Change Fund Increase/Dec	crease: To in	crease a chai	C 1 1		
Increase/Decrease, and Ne	w Total value		ige fund, please o	complete the Original Value, Amoun	
	w Total value	e below.	nge fund, please c	complete the Original Value, Amoun	
Increase/Decrease, and Ne Original Value: Amount of Increase/Decre	\$	e below.	nge fund, please o	complete the Original Value, Amoun	
Original Value:	\$	e below.	nge fund, please o	complete the Original Value, Amoun	
Original Value: Amount of Increase/Decre	\$ sase: \$	e below.			
Original Value: Amount of Increase/Decre New Total Value:	spase: \$ \$ ose a change f	e below.			
Original Value: Amount of Increase/Decre New Total Value: Close Change Fund: To clo	spase: \$ \$ ose a change f	e below.		ange Fund Value below.	
Original Value: Amount of Increase/Decre New Total Value: Close Change Fund: To clo Change Fund Value \$ Custodian Signature	spase: \$	Fund, please			
Original Value: Amount of Increase/Decre New Total Value: Close Change Fund: To clo Change Fund Value	sase: \$ sor Signature	Fund, please			

Once completed, please scan this form to sludeposits@slu.edu for processing and further instruction. Please call Katie at 7-3701 or Katelyn at 7-2221 with any questions.