

Saint Louis University

Departmental Change Fund Request Form

Date:

Request a New Change Fund	Request a Change Fund Increase/Decrease	Request to Close a Change Fund
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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 establish a new change fund, please complete the Amount Requested below.

Amount Requested:	\$
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Change Fund Increase/Decrease: To increase a change fund, please complete the Original Value, Amount of Increase/Decrease, and New Total value below.

Original Value:	\$
Amount of Increase/Decrease:	\$
New Total Value:	\$

Close Change Fund: To close a change fund, please complete the Change Fund Value below.

Change Fund Value	\$
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Custodian Signature	
Department Head/Supervisor Signature	
Treasury Department Signature	

Once completed, please scan this form to sludeposits@slu.edu for processing and further instruction. Please call Katie at 7-3701 or Maggie at 7-7073 with any questions.