

# 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 [AVP\\_finance@uhcl.edu](mailto:AVP_finance@uhcl.edu) for AVP-Finance approval.*

X \_\_\_\_\_ Date: \_\_\_\_\_  
 Usha Mathew, Associate Vice President of Finance

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: \_\_\_\_\_