



Business Services
(406) 243-6260 Fax (406) 243-4929

UNIVERSITY OF MONTANA
Change Fund Request Form

Department Name:

Chairperson Name:

Describe the kind of service provided or items sold which creates need for change fund:

Describe How Change Fund Will Be Secured:

Does Department Have Existing Change Fund:

Amount of Cash Change Fund Requested:

Name of Change Fund Custodian:

Number of Individuals Permitted Access to Fund:

Chairperson Approval:

Signature

BUSINESS SERVICES/INTERNAL AUDIT USE ONLY:

Approval:

Check Number:

Date Issued:

Training By:

Rec'd:

Date:

Audit Review
Comments: