

**CENTRAL MICHIGAN UNIVERSITY
CHANGE FUND AUTHORIZATION**

Amount Requested	Department Name	Department Address Building and Room #	Cost Center

**CHANGE FUND REGULATIONS
-PLEASE READ CAREFULLY-**

All departments must follow the **CASH HANDLING POLICY** dated August 1, 2023. Contact Student Account Services & University Billing for more information.

1. Change funds may not be used for any purpose other than which they are authorized.
2. Funds are not to be loaned, used for cashing checks, reimbursement of meals or travel, or personal business.
3. Funds are to be maintained at their authorized amount at all times.
4. Funds may be recalled for audit purposes periodically by Payable Accounting or Internal Audit.
5. If there is a theft, notify CMU Police and Payable Accounting immediately.
6. Return funds to One Central in UC 119 when the need for them ceases for a period of two or more months.
7. **When funds are returned, include a copy of this form;** funds will be deposited into the account listed below.
8. When there is a change in custodian or department director, a new Change Fund Authorization form must be completed and submitted to Payable Accounting in Warriner 302.
9. I acknowledge, understand, and agree to follow the regulations and policy guidelines.

COMPLETED BY DEPARTMENT					
STEP ONE	State need and specific purpose for the change fund: _____				
	<table border="0"> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Name of Change Fund Custodian (please print)</td> <td>Name of Department Director (please print)</td> </tr> </table>	_____	_____	Name of Change Fund Custodian (please print)	Name of Department Director (please print)
	_____	_____			
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<table border="0"> <tr> <td>_____</td> <td>_____</td> </tr> <tr> <td>Signature of Custodian/Date</td> <td>Signature of Department Director/ Date</td> </tr> </table>	_____	_____	Signature of Custodian/Date	Signature of Department Director/ Date	
_____	_____				
Signature of Custodian/Date	Signature of Department Director/ Date				

COMPLETED BY PAYABLE ACCOUNTING (WARRINER 302)				
STEP TWO	General Ledger Number: _____			
	<table border="0"> <tr> <td>Fund Number: _____</td> <td>_____</td> </tr> <tr> <td></td> <td>Signature of Payable Accounting/Date</td> </tr> </table>	Fund Number: _____	_____	
Fund Number: _____	_____			
	Signature of Payable Accounting/Date			

COMPLETED AT ONE CENTRAL (BOVEE UNIVERSITY CENTER 119)		
STEP THREE	I acknowledge receipt of \$_____ to be used in compliance with the regulations stated above.	
	<table border="0"> <tr> <td>_____</td> </tr> <tr> <td>Signature of Change Fund Custodian/Date</td> </tr> </table>	_____

Signature of Change Fund Custodian/Date		

RETURN CHANGE FUND TO ONE CENTRAL (BOVEE UNIVERSITY CENTER 119)	
STEP FOUR	Please close change fund and deposit \$_____ into the following Fund and General Ledger account numbers provided by Payable Accounting in Step Two above.
	ONE CENTRAL - PLEASE PROVIDE A COPY OF THIS RETURN TO GARRE1SR@CMICH.EDU.