MARIETTA COLLEGE
CHANGE FUND REQUEST FORM

Please complete and forward to Business Office <u>at least one week prior to need of fund</u>

Please mark an "X" where applicable:

_____ New Fund

_____ Change Fiduciary (must sign below)

_____ Change Custodian (must sign below)

Department: _____

Amount requested: _____ Account number: _____

Start date of fund: _____ End date of fund (No later than June 30th of the fiscal year): _____

(A) Purpose of Fund (give specifics):

(B) Physical location of fund/safeguards :

_____ _____

Custodian Name (If different from fiduciary): Custodian Title

_____ _____

Custodian Signature Date

(C) Reason for changes:

I acknowledge receipt of $_____, an advance to establish a change fund for the purpose outlined in section (A). I accept pecuniary liability for the funds and will return cash equal to the amount advanced. I realize that if I do not supply this amount by June 30th of the fiscal year, Marietta College has the authority to withhold the amount due from my salary. I understand that these monies are not to be used as a petty cash fund or to make purchases.

<u>Signature of Recipient (Fiduciary of fund):</u>

_____ _____

Fiduciary Name Fiduciary Title

_____ _____

Fiduciary Signature Date

Fund Approved by: _____ Date: _____

Check Issue Date:: _____ Check # _____ Amount: _____ Issued By: _____

Cash Receipt Date: _____ Receipt # _____ Amount: _____ Received By: _____