

Murray State University  
Accounting & Financial Services  
**Change Fund Request Form**

Department Name:

Amount Requested:

Date Needed:

Permanent Fund (Over six months duration)  
Temporary Fund (Needed for six months or less); and estimated closing date

Use of fund:

Security to be used for the fund:

Fund custodian:

Work Phone:

Location:

I understand that the need for the amount of this fund will be reviewed at least annually; that confirmation of the fund balance will be made at least annually (at fiscal year-end); and that I am to notify the Office of Accounting and Financial Service of any changes in the above information.

I further understand that I am personally responsible for this fund and for ensuring that it is properly maintained and accounted for.

\_\_\_\_\_  
Fund Custodian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chair, Dean, or Director

\_\_\_\_\_  
Date

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Office of Accounting and Financial Services Use Only:

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_ Account #: \_\_\_\_\_

Paid CK #: \_\_\_\_\_ Date: \_\_\_\_\_ Delivered: \_\_\_\_\_

Money Received By: \_\_\_\_\_ Date: \_\_\_\_\_

Returned Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Receipt # \_\_\_\_\_

Cashier Signature: \_\_\_\_\_