

CHANGE FUND APPLICATION

Instructions: Please complete this form and submit it to Business & Financial Services with a Miscellaneous Form-5.

APPLICANT INFORMATION	
First Name	Last Name
Job Title	Employee ID Number

FUND INFORMATION
Amount of Fund Requested
Purpose of Fund
Where will the Fund be kept?
How will the Fund be secured/protected?

DEPARTMENT INFORMATION	
Name of Department Head (please print)	Department
Department Head's Signature	Date

FUND CUSTODIAN'S ACKNOWLEDGEMENT		
PLEASE READ: I understand that I will be personally responsible for the Fund being applied for and that I am responsible for following UCSB Change Funds Policy 5250.		
Custodian's Signature	Date	Extension

BUSINESS & FINANCIAL SERVICES REVIEW AND APPROVAL	
Signature	Date