

University of Florida
Change, Petty Cash, and Research Stipend Funds
Change to Existing Fund

EXISTING FUND INFORMATION

| | |
|--|---|
| Department Name | |
| College Name | |
| Type of fund? | <input type="checkbox"/> Change <input type="checkbox"/> Petty cash <input type="checkbox"/> Research stipend |
| Amount of fund (\$) | |
| What is the primary purpose of the fund? | |

CHANGES TO FUND Complete all areas that are applicable for your fund request.

CHANGE IN FUND LOCATION

| | |
|------------------------|--|
| Existing fund location | |
| New fund location | |

CHANGE IN CUSTODIANSHIP

| Existing Custodian Information | |
|--------------------------------|--|
| Name | |
| UFID | |

| New Custodian Information | |
|---------------------------|--|
| Name | |
| UFID | |
| Mailing address | |
| Off ice/Lab address | |
| Phone | |
| Email | |

CHANGE IN CHARTFIELD INFORMATION

| | Dept ID | Fund | Program | Source | Flex | Projects | EmplID |
|---------------------|---------|------|---------|--------|------|----------|--------|
| Existing Chartfield | | | | | | | |
| New Chartfield | | | | | | | |

CHANGE IN THE PEOPLE WHO HAVE ACCESS TO THE FUND

| Old List of People With Access | |
|--------------------------------|------|
| NAME | UFID |
| | |
| | |
| | |
| | |
| | |

| New List of People With Access | | |
|--------------------------------|------|-----------|
| NAME | UFID | SIGNATURE |
| | | |
| | | |
| | | |
| | | |
| | | |

INCREASE TO EXISTING FUND

| | |
|---------------------------------|--|
| Existing fund balance (\$) | |
| Requested increase to fund (\$) | |
| New fund balance (\$) | |

EXPLANATION/JUSTIFICATION FOR CHANGES TO THE FUND

| | |
|--|--|
| What are the reasons for the change in the fund? | |
| Are there any changes to the primary purpose of the fund? | |
| Are there any changes to the procedures for handling the fund? | |
| Are there any changes to the way the fund is safeguarded? | |

DEPARTMENT/COLLEGE APPROVAL: We certify all information presented is factual and accurate, and we, the undersigned, are officially empowered to enter into such transactions on behalf of the above department.

_____ Title _____ Signature _____ Date _____
Custodian Name

_____ Title _____ Signature _____ Date _____
Dean, Director, or Department Head Name

OTHER APPROVALS

| CONTRACTS AND GRANTS | | FINANCE AND ACCOUNTING | |
|----------------------|------|------------------------|------|
| | | | |
| Signature | Date | Signature | Date |