

University of Florida
Change Fund / Petty Cash Fund
Request for New Fund

DEPARTMENT AND FUND INFORMATION

| | |
|--|---|
| Department name | |
| Department ID | |
| College name | |
| Amount requested (\$) | |
| Type of fund | <input type="checkbox"/> Change <input type="checkbox"/> Petty Cash |
| What is the primary purpose of the fund? | |

CHARTFIELD INFORMATION

| | Dept ID | Fund code | Program code | Bud ref | Source of funds | Source | Dept flex | Project |
|---------------------|---------|-----------|--------------|---------|-----------------|--------|-----------|---------|
| Existing chartfield | | | | | | | | |
| New chartfield | | | | | | | | |

CONTACT INFORMATION

| | |
|-----------------|--|
| Custodian | |
| Name | |
| UF ID | |
| Mailing address | |
| Phone | |
| Email | |

| | |
|---------------------------------------|--|
| Prepared by (if other than custodian) | |
| Name | |
| Phone | |
| Email | |

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.

| | | | |
|--|-------|-----------|------|
| | | | |
| Custodian Name | Title | Signature | Date |
| | | | |
| Dean, Director, or Department Head Name | Title | Signature | Date |

Submit form or an image of the signed form to Treasury Management via email to tmhelp@admin.ufl.edu, fax to 352-846-3576 or mail to S-113 Criser Hall, PO Box 112008, Gainesville, FL 32611-2008 for approval.

| | |
|------------------------|-------|
| Finance and Accounting | |
| Signature: | Date: |

