

University of Florida  
Change, Petty Cash, and Research Stipend Funds  
Request for New Fund

**DEPARTMENT INFORMATION**

Department name	
College name	

**FUND INFORMATION**

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

**CHARTFIELD INFORMATION**

Dept ID	Fund	Program	Source	Flex	Projects	EmplID

**CONTACT INFORMATION**

<b>Custodian</b>		<b>Prepared by (if other than custodian)</b>	
Name		Name	
UFID		Phone	
Mailing address		Email	
Office address			
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

**OTHER APPROVALS**

CONTRACTS AND GRANTS		FINANCE AND ACCOUNTING	
Signature	Date	Signature	Date