

Washington University in St. Louis
Application for Opening or Increasing a Change Fund

To be considered for opening of a Change fund, please complete the following application fields. This form should be returned to General Accounting.

Section A: Custodian Information

Employee Name _____

Employee ID _____ University Phone Number _____

University Email Address _____ Campus Box _____

Direct Supervisor (Name) _____

Direct Supervisor (Title) _____

Section B: Cost Center Information

Cost Center Number _____ Cost Center Name _____

Section C: Change Fund Information

Type of Request: New Account Opening Increase Existing Account

Fund Amount Requested \$ _____

(If requesting an existing fund increase, please indicate the balance of the fund you are wishing to change to)

Please explain the purpose/need for the change fund being requested or the reason funds need to be increased. _____

Please provide the physical location for the change fund being requested. _____

Section D: Custodian/Department Signature

Custodian Signature: _____ Date: _____

Department Head Signature: _____ Date: _____

Section E: Accounting Approval Signature

Signature: _____ Date: _____