Colorado State University

DATE:_____

TO: Banking Services
555 South Howes Street
6015 Campus Delivery
Phone: (970) 491-0597

FROM: _____

SUBJECT: Request for: Temporary Change Fund

(Department name) _____, Dept #_____, requests a temporary change fund in the amount $_____.

Justification for and proposed use of fund are as follows:

Fund denominations requested _____.

If approved, the fund will be picked up by (name)_____,

(CSU ID)_____, at (phone)_____. The temporary change fund will be picked up at the University Cashiers Office on (date)_____ and returned by (date) _____ .

All temporary change funds will be operated in full compliance with CSU Financial Procedure Instruction 6-2.

_____
(Signature) Departmental Business Officer

_____
(Signature) BFS Lead Cashier

For amounts over **$250.00** or use of fund exceeding **three weeks**:

Approved by _____ Date _____
(Signature) Banking Services Manager

Picked up by_____ Date_____
(Signature) Department Personnel