

University of Florida
Change Fund / Petty Cash Fund
Change to Existing Fund

EXISTING FUND INFORMATION

Department name	
Department ID	
College name	
Type of fund?	☐ Change ☐ Petty Cash
Amount of fund (\$)	
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	
Physical address	
Phone	
Email	

CHANGES IN CHARTFIELD INFORMATION

	Dept ID	Fund code	Program code	Bud ref	Source of funds	Source	Dept flex	Project
Existing ChartField								
New ChartField								

CHANGE IN THE INDIVIDUALS WHO HAVE ACCESS TO THE FUND

Existing list of individuals with access	
Name	UFID

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New list of individuals with access		
Name	UFID	Signature

INCREASE / DECREASE TO EXISTING FUND

Existing fund balance (\$)	
Requested increase / decrease 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? If yes, please explain.	
Are there any changes to the procedures for handling the fund? If yes, please explain.	
Are there any changes to the way the fund is safeguarded? If yes, please explain.	

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