

DEPARTMENTAL TEMPORARY CHANGE FUND REQUEST

Submit request to Cashier's office at cashiers@pdx.edu with 24 hours notice and denominations required.
Bring original signed form to Neuberger Hall, Departmental Services window, to pick up change fund.

Date: _____ Amount: _____
 Issued To: _____ PSU ID: _____

Approval:

Supervisor: _____ Dept Name: _____
 Print Name: _____ Contact/Ext: _____

Detailed Description (Purpose of Change Fund ie. name and date of event) _____

Receipt is hereby acknowledged of a change fund from PSU BAO Cashier's Department as follows:

- A). Amount received \$ _____ to be used to facilitate making change. In no case are the funds to be used for 1) Personal business or 2) Deposited into a departmental index.
- B). If I fail to return this change fund to the cashier's vault teller within 5 business days after date received (**Due:** _____) I authorize the unpaid balance to be withheld from any pay due to me and I will no longer be able to receive change funds. I understand this is my responsibility and that I'll receive no other notice.
- C). It is my personal responsibility to safe keep this change fund and I assume financial responsibility for any loss incurred. **Initial:** _____

Current employment verified in banner by: _____ Date: _____

Signature of Receiver: _____ Date: _____
 Print Name: _____

Signature of Vault Teller: _____ Date: _____
 Print Name: _____

Signature of Cashier Representative: _____ Date: _____
 Print Name: _____

<i>Change Fund Returned</i>	Amount Returned: _____
Returnee Signature: _____	_____
Print Name: _____	Date
Vault Teller Signature: _____	_____
Print Name: _____	Date
Cashier Signature: _____	_____
Print Name: _____	Date

Original form to be retained by the Cashier's Department.. Copy of form, both issued and returned, to be given to requesting department.