Idaho State University
Permanent Change Fund Request Form

Requesting Department: _____

☐ Increase to Existing Fund Amount of Increase $_____

☐ Create New Fund Amount Requested $_____

Justification for Fund or Fund Increase: _____
_____
_____
_____

Estimated Monthly Revenue: _____

Security for Fund Use and Storage: _____
_____
_____

Fund Custodian _____

Phone _____ Location _____

I understand that the need for and the amount of this fund will be reviewed at least annually; that confirmation of the fund balance will be made at least annually (at fiscal year-end); and that I am to notify the Office of Finance and Administration of any changes in the above information. I further declare that I have read and understand the petty cash fund procedures in the Faculty/Staff Handbook and understand I am personally responsible for this fund and for ensuring it is properly accounted for and maintained.

_____ _____
Fund Custodian Date

_____ _____
Department Chair, Dean, or Director Date

Please submit this form to Finance and Administration, Stop 8219

For Finance and Administration Only:

_____ _____
Assistant Controller Date

Change Fund Code: 180015 10401

FS-001
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