

**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

\_\_\_\_\_  
UBO

\_\_\_\_\_  
Date

**Please submit this form to Finance and Administration, Stop 8219**

**For Finance and Administration Only:**

\_\_\_\_\_  
Assistant Controller

\_\_\_\_\_  
Date

Change Fund Code: 180015 10401