



Change Fund
Cash Advance

ACCOUNTING AND FINANCIAL REPORTING
B5 Jessup Hall
Iowa City, Iowa 52242-1316
319-335-0195
<http://afr.fo.uiowa.edu>

**THE UNIVERSITY OF IOWA
REQUEST FOR APPROVAL OF CHANGE
FUND OR CASH ADVANCE**

In order to receive a change fund/cash advance from the University of Iowa, you must follow the University's cash handling procedures. This includes reviewing the University's Cash Handling policies and procedures, as well as having documented and approved local cash handling procedures for your department. Refer to the University of Iowa's Cash Handling website for additional information: <http://afr.fo.uiowa.edu/cash-handling>.

A departmental Cash Handling procedure must be submitted and approved before the request will be approved

It is required that all fields are filled out before the form can be reviewed and approved by Accounting & Financial Reporting

On behalf of the _____ Department, I am requesting that a \$_____ change fund/cash advance be established for the purpose of _____.

The money will be returned on the following date: _____.

CONTACT NAME: _____ PHONE #: _____

CAMPUS LOCATION (room and building) where funds will be stored: _____

The funds will be stored in a locked _____ safe or _____ drawer with limited access

Could a procurement card be used or can a check be issued by Accounts Payable instead of a cash advance? If you answer Yes to either of these questions, then this request is not needed.

Departmental MFK (To be completed by the Department): The department will not be charged for any portion of a change fund as long as the amount requested is maintained. If a department comes up short when balancing, the MFK will be charged for that amount. If a cash advance is used, the department will only be charged for the amount of the cash advance used.

FUND	ORG	DEPT	SUBDEPT	GRANT/PROG	IACT	OACT	DACT	FN	CCTR

Change Fund/Cash Advance MFK (To be completed by Accounting & Financial Reporting):

FUND	ORG	DEPT	SUBDEPT	GRANT/PROG	IACT	OACT	DACT	FN	CCTR	AMOUNT

2 departmental signatures on form OR 2 departmental e-signatures in workflow *required*

Departmental Approval: _____ DATE: _____

Secondary Approval: _____ DATE: _____