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.

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

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

Departmental Approval: ______________________________________ DATE: ________________

Secondary Approval: ______________________________________ DATE: ________________

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