THE UNIVERSITY OF IOWA
RETURN OF CHANGE FUND/CASH ADVANCE

On behalf of the ____________________________ Department, an original change fund or
cash advance was issued in the amount of $ ____________________.

CONTACT NAME: _____________________________________ PHONE #: __________________

We are returning cash (partial or full amount of original request). Accounting & Financial Reporting will
count the money, issue a deposit slip to US Bank, and complete the online eDeposit. Our department will be
responsible of taking the money to US Bank to ensure the deposit is made.

Total Amount of Cash being returned for deposit (completed by department): $__________________

In order to return our change fund/cash advance and charge our departmental MFK, we are submitting the
following: ___ Research participant signatures and/or ___ receipts (attached to form). Please charge the
following MFKs for the cash spent and reimbursement:

Change Fund/Cash Advance Return MFK(s) to charge (completed by department). If you have more
than 3 MFKs to be charged, submit/attach an additional form with the other MFKs. The Total Amount below
should be the grand total, including the amount for any additional MFKs charged. Please make note below that
an additional form is attached.

<table>
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<th>FUND</th>
<th>ORG</th>
<th>DEPT</th>
<th>SUBDEPT</th>
<th>GRANT/PROG</th>
<th>IACT</th>
<th>OACT</th>
<th>DACT</th>
<th>FN</th>
<th>CCTR</th>
<th>AMOUNT</th>
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Total Amount to expense to departmental MFK(s): $__________________

If research subject payments were made, an Excel spreadsheet including the description of what the project
was for and the date, name, complete mailing address, SSN (if individual payment greater than $75.00) and
amount received by each participant is to be sent via campus mail or delivered in person to Denise Hyche to
file for possible issuance of 1099’s. *Lodging and Meals are excluded.*

Has this been completed?  ___ Yes  ___ No
If No, why not?

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

Departmental Approval:  _____________________________________ DATE: _______________

Secondary Approval:  _____________________________________ DATE: _______________

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