



**EASTERN OREGON UNIVERSITY
REQUEST FOR LONG TERM CHANGE FUND**

(Send original form to Accounts Payable, and retain copy with funds)

I am using this form to:

Document #: _____

_____ Establish a long term change fund for official University business

_____ Change custodial responsibility between employees

Must be returned or renewed at the end of each fiscal year.

Fund Amount: _____ **Date:** _____

Fund Custodian: _____
Name Title

New Custodian: _____
(if changing) Name Title

On _____, I was advanced \$ _____ for the use as a long term change fund for official University business. As custodian I understand that I am responsible for assuring funds are adequately secured. The long term Change Fund Administrator must approve the location and method used to secure the monies. If approved, and all procedures as outlined in the EOU Change Fund Policy are followed, I understand that I will not be held personally responsible for replacing missing funds. If, however, the approved procedures are not followed, I will be held personally responsible for any missing funds. I will report immediately to Accounts Payable any theft, loss or mysterious disappearance of funds.

Custodian Signature Date

Department Name	
How the Funds Will be Secured	
How the Funds Will be Used	
Length of Time Advance is Required	
Index to be used for Reimbursements	

As department head, I understand that I may delegate Custodial responsibilities. However, I understand that I will remain primarily responsible for the cash advance.

Fund activity will be reviewed regularly. If there has been little or no fund activity, the fund will either be reduced or returned.

Department Head Signature Date

Change Fund Administrator Signature Date

Business Operations Manager Signature Date