



Request for Cash/Change Fund

- Request for **Permanent** Cash/Change Fund (____-000001-1100-N-00000)
- Request for **Additional** Cash/Change Fund (____-000001-11__-N-00000)
- Request for **Temporary** Cash/Change Fund (____-000001-1140-N-00000)

Request Date: _____ Phone: _____

Department: _____ PO # _____

Contact: _____ Date Needed: _____

Cash Amount Requested: \$ _____ Additional Cash Requested \$ _____

Justification of Need for Fund and/or Additional Funds: _____

Requested by: Custodian and Supervisor:

Custodian Name (please print): _____

Custodian Signature: _____

Supervisor/Dept. Head Name (please print): _____

Supervisor/Dept. Head Signature: _____

Submit completed form to:

Senior Operations Accountant

Morrow Hall Room M-106

(541) 278-5746

For Business Office use only:

Business Office Approval _____ **Date** _____

Cash/Change Funds Returned \$ _____ **Date** _____

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