



NORTHWEST
MISSOURI STATE
UNIVERSITY

**Student Account
Services**

121 Administration Building
660.562.1578 office
660.562.1400 fax

Northwest
focuses on
student success –
every student,
every day.

Change Fund Request Form

Name: _____ 919: _____

Organization: _____

Event/reason: _____

Event date(s): _____ Amount requested: _____

Cash denomination (all ones, all large bills, etc): _____

How long will you need the change fund? _____

Do you need a money bag/box (select one from the drop down menu)?

By signing, I understand I am responsible for the safe keeping of the change fund. I further understand the change fund in the amount of _____ is due back to Student Account Services within five business days of the event's closing date. I also understand that any portion of the change fund that is not returned within five business days will be charged to my University account.

Signature: _____ Date: _____

For questions, contact:
Cody Schniedermeier
660.562.1511
codys@nwmissouri.edu

Internal Northwest Office Usage:

Date Issued: _____

Date Due: _____

Date Returned: _____