THE UNIVERSITY OF OKLAHOMA

AUTHORIZATION FOR CHANGE FUND

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | Request for: | | | | | |  | New Fund | | | | | | | | | |
|  | | | | | | | | | | |  | Fund Increase (show new total fund balance below) | | | | | | | | | |
|  | | | | | | | | | | |  | Fund Decrease (show new total fund balance below) | | | | | | | | | |
|  | | | | | | | | | | |  | Custodian Change | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Custodian: | | | |  | | | | | | | | | | | |  | Purpose: |  | | | |
| Department: | | | | | |  | | | | | | | | | |  | |  | | | |
| Address: | | |  | | | | | | | | | | | | |  | |  | | | |
| Phone: |  | | | | | | | | | | | | | | |  | |  | | | |
| Amount of New Fund: | | | | | | | | |  | | | | | | |  | |  | | | |
| Increase: | |  | | | | | | | | New Balance: | | |  | | |  | |  | | | |
| Decrease: | |  | | | | | | | | New Balance: | | |  | | |  | |  | | | |
| Length of time the Change fund is required: | | | | | | | | | | | | | |  | | | | | | | |
| Indefinite: | | | |  | | | | | | | | | | | | Specific (Approximate closing date): | | | |  | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Change fund to befunded from department number: | | | | | | | | | | | | | | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Custodian Signature: | | | | | | | |  | | | | | | | | | | | Date: | |  |
| Sponsor Signature: | | | | | | |  | | | | | | | | | | | | Date: | |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Approval: | | | |
| Director of Financial Services: |  | Date: |  |
| Controller Signature (if applicable): |  | Date: |  |