THE UNIVERSITY OF OKLAHOMA

AUTHORIZATION FOR CHANGE FUND

|  |  |  |  |
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|  | 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: |       |

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