



UNIVERSITY
OF MANITOBA

Travel Services
Request for Change Fund

Employee Name: _____ Employee # _____
(must be full time employee)

Department/Address: _____

Location of fund: _____

Date of Request: _____

Name of Staff responsible for fund: _____

Phone #: _____ Fax #: _____

Location of the change fund: _____

Amount Required: \$ _____

Purpose of the funds requested _____

I am requesting the above-noted funds for University related expenses. I understand these funds are to be used in accordance with the University's Petty Cash policy #305 and/or University Travel policy #317.

Authorized Signature (Dept Head) _____

Comptroller's Office approval _____

Please send to: Travel Services – 416 Administration Building, or Fax: 474-7925