

**TRUMAN STATE UNIVERSITY
CHANGE FUND CHECKOUT/RETURN**

Department Making Request: _____
Person Making Request: _____
Contact Information (phone or email): _____
Date Needed: _____

Denominations Requested:	Amount
\$20.00's	
\$10.00's	
\$5.00's	
\$1.00's	
Quarters	
Dimes	
Nickels	
Pennies	
Total Request:	\$ -

Please indicate how many will be needed:
Money Bags _____
Money Boxes _____

Expected Return Date of Change/Bags/Boxes _____

Checkout Date: _____

Signature for Pickup of Change/Bags/Boxes _____

Return Date: _____

Signature of Cashier: _____