## Memo

To: ALL University Departments From: The University Cashier's Office Subject: Change Order Procedures

## \*Effective immediately, please begin using the attached change order request form.

Please note that we are asking that the form be faxed no later than 10:00 a.m. This process will ensure that all change orders are processed timely and accurately.

We appreciate your assistance in implementing this change. Please feel free to contact Patsy Hudson @ #2-4097 or Pam Canady @ #2-4092 if you have any questions or concerns.

Thanks, University Cashier's Office

<u>Change Order Request Form</u>		
	t no later than 10:00am to #2-9062)	
Pick up time	e requested:	
Today's Date:	Department:	
Total Dollar Amount Pro	vided:\$	
of BILLS Amount	<u># of rolls COINS</u>	Amount
Ones \$	Quarters @\$10 each	
Fives \$	Dimes @ \$5 each \$	\$
Tens \$	Nickels @\$2 each	\$
Twenties \$	Pennies @ \$.50 each :	
		\$
		\$
Requested By:		
Campus Phone #:		
	confirm fax was received by Cashier inswer, please call #2-6693*	
*This section is for	the University Cashier's use only*	
• Total Dollar Amount Accep	ted by the Cashier: \$	
•Total Dollar Amount Given t	to the Dept.: \$	-
Date Completed:	Verified By Cashier:	