

Form CF-4
AP A8.750
08/2015

University of Hawai'i
Request for Temporary Change Fund for Registration

Requesting Campus/Dept: _____ Date: _____

Fall Term

Spring Term

Summer Term

Amount Requested: _____ Location of Fund (Bldg/Rm#): _____

How will the change fund be secured?

Requested by: _____
Custodian Signature Fiscal Administrator Signature

Print Custodian's Name: _____ Vendor Code: _____

Approved by: _____ Date: _____

Date Check Mailed: _____ Check no.: _____

Check Received by: _____ Date: _____

Custodian must sign above to acknowledge receipt of check and return form to: Treasury Office, 2444 Dole St.,
Bachman Annex 13, Honolulu, HI 96822