



SNOQUALMIE VALLEY

SCHOOL DISTRICT

CHANGE FUND REQUEST

Change funds are to be used as start-up change for an event. Change funds **must not** be created by withholding or holding back event receipts. Event receipts must remain intact, and **no expenses may be paid from event receipts.**

School/Department _____ Date Requested _____

Amount Requested \$ _____ Date Needed _____
(Attach requested cash denominations)

Event Change Fund Used for _____ Event Date _____

Return of Change Funds*

- ☐ Change Funds will be included in the event receipts reconciliation and deposit.
- ☐ The Bookkeeper will deposit change funds into InTouch using **Item #:IMPREST FUND**

By signing below, I agree to take responsibility for the change fund requested above and follow district procedures for cash handling. I agree to keep funds safeguarded and secure. If funds are lost or stolen, I will immediately notify my school/department administrator.

Requestor Signature

Date

ASB Student Representative Signature

Date

Principal or ASB Coordinator Signature

Date

SNOQUALMIE VALLEY SCHOOL DISTRICT

8001 Silva Avenue S.E. | P.O. Box 400 | Snoqualmie, WA 98065 | (425) 831-8000 | www.svsd410.org

REV 2026