

UCSC - Change Fund Custodian - Petty Cash or Change Fund

Important: Form must be filled out in [Adobe Reader 8.1](#) or above or [Acrobat Professional](#). To save completed forms, [Acrobat Professional](#) is required. For technical and accessibility assistance, contact the [Campus Controller's Office](#).
Form questions: finpolicy@ucsc.edu

OFFICE USE ONLY
Reference: _____
FIS/Banner ID: _____

Section 1: Department / Unit and fund information

Department / Unit _____

Petty cash fund Change fund Amount of fund \$ _____

Section 2: Current Custodian

Printed Name: _____ Phone number: _____

Email address: _____

I hereby relinquish custodianship of the above petty cash / change fund.

Current Custodian's Signature:

Print Name

Date:

Section 3: New Custodian

Printed Name: _____ Phone number: _____

Email address: _____

Location (Building name and room number): _____

Fund will be stored: Locked drawer / cabinet Safe Other - specify _____

Certification by new custodian:

I agree to accept custodianship of the petty cash/change fund requested above. I understand that I will be personally responsible for the security of the fund and that I will be expected to familiarize myself with my responsibilities under the campus procedure "Establishing and Administering Cash Funds". On the date shown below, I have personally verified that said fund contains cash and/or receipts totaling:

\$ _____

Signature:- New Custodian

Print Name

Date:

Section 4: Department / Unit Head and Approval

I hereby request that the General Accounting Office revise the campus records to reflect the transfer of custodianship described above. Said custodian has been fingerprinted / bonded if required by the *Santa Cruz Campus Policy and Procedures for Conducting Background Investigations*.

Signature Department / Unit Head :

Print Name

Date:

Section 5: Submit Information

When this form has been completed, signed by the current custodian, the proposed new custodian, and approved by his/her Unit Head submit to:

Attn: General Accounting Office
Mail Stop: Accounting Office or
Fax: 459-5037

Section 6: Accounting Office Approval

Signature: _____

Date: _____

Revised 8/2/2011