

**Change Fund Change of Custody Form**

To: Accounting & Financial Services  
Internal Control

From: Department \_\_\_\_\_

University policy requires that the custodian of a change fund who is directly responsible for the safekeeping and disbursement of the fund's cash must be appointed by the department head. The policy also requires that any change in custody of an existing fund must be documented in writing and the amount of the transfer verified.

The department head must notify the Accounting Officer in writing when the custodian of a change fund changes. In addition, the department head must document that written instructions detailing the procedures that must be followed in using a change fund were provided to the new custodian. Completion of this form is sufficient verification that the above requirements have been met.

As the PRESENT CUSTODIAN, I currently have the amount authorized for my change fund.

Cash on hand \$ \_\_\_\_\_

\_\_\_\_\_

*Signature* \_\_\_\_\_ *Telephone* \_\_\_\_\_ *Date* \_\_\_\_\_

\_\_\_\_\_

*Print or type name* \_\_\_\_\_ *Office location* \_\_\_\_\_

As the NEW CUSTODIAN, I agree that I received the total cash in the amount of \$ \_\_\_\_\_ on (date) \_\_\_\_\_. I have read and agree to follow the procedures specified in UCD Policy & Procedure Manual Section 330-46, Cashiering Change Funds, concerning my responsibilities for safeguarding and disbursing cash from the change fund.

\_\_\_\_\_

*Signature* \_\_\_\_\_ *Telephone* \_\_\_\_\_ *Date* \_\_\_\_\_

\_\_\_\_\_

*Print or type name* \_\_\_\_\_ *Office location* \_\_\_\_\_

IMMEDIATE SUPERVISOR

DEPARTMENT HEAD

Name \_\_\_\_\_  
(print or type)

Name \_\_\_\_\_  
(print or type)

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date signed \_\_\_\_\_

Date signed \_\_\_\_\_