

Request for Cashiering Change Fund

Copy this form as needed. Complete form and send to Accounting & Financial Services, Internal Control Division.

Department name _____

Department address _____

Location of change fund _____

Name of change fund custodian _____

Amount of change fund _____

Justification for request (include description of cash collection activity):

I certify that I have given a copy of the UCD Policy and Procedure Manual Sections 330-46 and 33-55 to the proposed change fund custodian and that I have discussed with the custodian the purpose of the change fund and the procedures to be followed.

Prepared by _____

Telephone: _____

Department Head _____

Date: _____