

Custodian Change Form

Department name _____

Type of Fund: Petty Cash Change Fund

Former Fund Custodian _____

Proposed Fund Custodian _____

Alternate Fund Custodian _____

Phone _____ Location _____

I understand that the need for and the amount of this fund will be reviewed at least annually; that confirmation of the fund balance will be made at least annually (at fiscal year-end); and that I am to notify the Office of Finance and Administration of any changes in the above information. I further understand that I am personally responsible for this fund and for ensuring that it is properly accounted for and maintained.

Fund Custodian

Date

Alternate Fund Custodian

Date

Department Chair, Dean, or Director

Date

Submit this form to Finance and Administration, Stop 8219

For Accounting Services Only:

Assistant Controller

Date

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