## **Custodian Change Form**

Department name	
Type of Fund: Petty Cash Chang	ge Fund
Former Fund Custodian	
Proposed Fund Custodian	
Alternate Fund Custodian	
Phone Lo	cation
I hereby certify that the current custodian has counted the represents all undeposited cash and cash items for which and cash items in the amount of \$ have been	I will be responsible at the time of this count. The above cash
Fund Custodian	Date
Alternate Fund Custodian	Date
Department Chair, Dean, or Director	Date
UBO	Date
I understand that the need for and the amount of this fund confirmation of the fund balance will be made at least ann the Office of Finance and Administration of any c hanges that I am personally responsible for this fund and for ensumaintained.	ually (at fiscal year-end); and that I am to notify in the above information. I further understand
Submit this form to Finance and	Administration, Stop 8219
For Accounting Services Only:	
Finance & Administration	Date
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