Cash Fund Transfer of Custodial Responsibilities

Cash Receipting Site

Location: _______________________________  Effective Date: ________________

Amount $ ____________________________

Fund: _______________________________  Org. ____________________________

(Budget Office use only)

Former Custodian: ____________________________  PRINT NAME ____________________________  SIGNATURE ____________________________

New Custodian: ____________________________  PRINT NAME ____________________________  SIGNATURE ____________________________

Your signature indicates that you:
1. have confirmed the amount above
2. have acknowledged that the individual receiving the fund is authorized to manage the fund, and
3. understand that the site fund is subject to routine audits by Student Business Services & Internal Audit.

New Custodian Approval: ____________________________  PRINT NAME ____________________________  SIGNATURE ____________________________

Your signature indicates that you:
1. have witnessed the transfer of the above funds,
2. have acknowledged that the individual receiving the fund is authorized to manage the fund, and
3. understand that the site fund is subject to routine audits by Student Business Services & Internal Audit.

Director/Supervisor Approval: ____________________________  PRINT NAME ____________________________  SIGNATURE ____________________________  DATE ____________________________