



- New Fund
- Increase Fund
- Decrease Fund
- Yearly Acknowledgement

**CHANGE FUND CUSTODIAN  
ACKNOWLEDGEMENT**

I, \_\_\_\_\_, hereby acknowledge that I am the Custodian of the Change Fund for \_\_\_\_\_, (Department Name)

Fund #: \_\_\_\_\_ in the amount of \$ \_\_\_\_\_. These funds will be maintained at Delta State University, Building \_\_\_\_\_, Room \_\_\_\_\_.

I understand that I am responsible for safeguarding and maintaining accountability for these funds and agree to keep personal funds separate and apart from change funds. I understand that I must submit change fund reconciliations to my supervisor for his/her signature. The signed reconciliation must be retained for audit purposes.

I also acknowledge that funds will not be used to reimburse any expenditures; cash advances will not be made from this fund, sales tax cannot be reimbursed; and that expenses normally supported by a travel voucher are not reimbursed from this fund. All legal restrictions which apply to other disbursements by the University, apply to this fund.

Upon my job reassignment or termination from the University, I agree to return these funds to the Student Business Services, Kent Wyatt Hall 131.

NAME (Please print): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_ DATE: \_\_\_\_\_

**Please indicate amount designated for this change fund: \$ \_\_\_\_\_.**

ADDITIONAL COMMENTS: \_\_\_\_\_

**FORM MUST BE COMPLETED ONCE EVERY FISCAL YEAR. Return original to Student Business Services, Kent Wyatt Hall 131, Attention: Kelvin Davis.**