



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*