



### CASH FUND CHANGE OF FIDUCIARY FORM

To: Financial & Accounting Services (FAS)

From: \_\_\_\_\_  
Department/Business Unit \_\_\_\_\_ GL Account \_\_\_\_\_

University policy requires that a fiduciary and financial manager, both of whom are directly responsible for the safekeeping and disbursement of the fund's cash, must be assigned to the fund. The policy also requires that the responsible department or business unit notify FAS of any change in custody of an existing fund. The fund must be reconciled and replenished before it is turned over to a new fiduciary and the financial manager must approve the change.

FAS must be notified in writing when the fiduciary of a cash fund changes. In addition, written instructions, outlined in the Petty Cash and Change Funds Administrative Procedure, detailing the procedures that must be followed in using a cash fund must be provided to the new fiduciary. Completion of this form is sufficient verification that these requirements have been met.

As the **CURRENT FIDUCIARY**, I have reconciled the cash fund and replenished the amount authorized for the fund.

Print Name \_\_\_\_\_ Amount in Cash Fund \$ \_\_\_\_\_

Signature \_\_\_\_\_ Phone Number/Extension \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_

As the **NEW FIDUCIARY**, I agree that I received the total cash fund in the amount stated above. I have also read and agree to follow the procedures specified in the Petty Cash and Change Funds Administrative Procedure document concerning my responsibilities safeguarding and disbursing cash from the cash fund.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_ Employee # \_\_\_\_\_

Department \_\_\_\_\_ Phone Number/Extension \_\_\_\_\_ Bldg. & Room No. \_\_\_\_\_

Change is:  Permanent  
 Temporary Expires \_\_\_\_\_ (MM/DD/YY)

Signature \_\_\_\_\_ Date (MM/DD/YY) \_\_\_\_\_

**Financial Manager Approval**

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date (MM/DD/YY) \_\_\_\_\_

**FAS Approval**

\_\_\_\_\_

\_\_\_\_\_

Date (MMDDYY) \_\_\_\_\_