

# CHECK CASHING CHANGE FUND MAINTENANCE

(For use with Policy Manual Filing 9,101)

Business Unit: \_\_\_\_\_

Please indicate:

Establish new fund

Current authorized amount \$ \_\_\_\_\_

Change Responsible employee(s)

Requested increase or decrease \$ \_\_\_\_\_

Request to change amount

New authorized amount \$ \_\_\_\_\_

(maximum \$5,000)

Agency Name: \_\_\_\_\_ Check Cashing Change Fund No. \_\_\_\_\_

If new fund, amount of fund requested \$ \_\_\_\_\_ Funds should be from the Benefit Fund.

Name and address of custodial bank for the fund: \_\_\_\_\_

Account Number: \_\_\_\_\_

Proposed location of fund (cash): \_\_\_\_\_

(Building and Room Numbers)

(Street Address)

(City)

Zip Code + 4

Security provided for cash (lock box, locked desk, safe, etc.): \_\_\_\_\_

Distribution of keys: \_\_\_\_\_

Designated responsible employees:

Custodian: \_\_\_\_\_ (Name) \_\_\_\_\_ (Position)

Alternate Custodian: \_\_\_\_\_ (Name) \_\_\_\_\_ (Position)

Supervising Employee(s): \_\_\_\_\_ (Name) \_\_\_\_\_ (Position)

\_\_\_\_\_ (Name) \_\_\_\_\_ (Position)

Auditor: \_\_\_\_\_ (Name) \_\_\_\_\_ (Position)

Approved: \_\_\_\_\_  
\_\_\_\_\_  
Director of Management Analysis and Standards (Date)

I hereby certify that the above check cashing change fund will be used as provided by law and by regulations set out by the Director of Management Analysis and Standards.

\_\_\_\_\_  
Agency Authorized Signature (Date)

## Cancellation

Please cancel Check Cashing Change Fund No. \_\_\_\_\_

(Please attach copy of deposit slip.)

\_\_\_\_\_  
Agency Authorized Signature

\_\_\_\_\_  
Date