

## Transfer of Custodian or Reconciler for Petty Cash and/or Change Fund

To:	Bursar and Treasury Services	From:	
emplo the ful Service docun	yee of the University of Georgia, an nds entrusted. Background and cred ses at the beginning of custodial app	d must accept personal res dit check results must be se proval and every three year and Change Funds Policy	petty cash or change fund must be a full-time sponsibility for the safety, proper usage and return of ent from Human Resources to Bursar and Treasury is thereafter. The Department Head or Director must was provided to the new custodian and the amount
Thist	ransfer of custodian or reconciler is:		
	: Permanent		
	: Temporary (Dates	to	_)
Chan	ge of Custodian or Reconciler is for:	Petty Cash or	Change Fund
As the	PRESENT CUSTODIAN, I agree the	nat I verified a balance of \$	 
Signatu	ле	Telephone	Date
Name (	of Present Custodian	_	
As the	e <b>NEW CUSTODIAN</b> , I agree that I	verified a balance of \$	on
	e read and agree to follow the proce will be personally accountable for th		Petty Cash and Change Fund policy. I understand
Signat	ure	Telephone	
Namo	of New Custodian		

As the <b>PRESENT RECONCILER</b> , I	agree that I verified a balance of \$	on	<u>_</u> .
Signature	Telephone	Date	
lame of Present Reconciler			
as the <b>NEW RECONCILER</b> , I agree	e that I verified a balance of \$	on	
	procedures specified in UGA 5.4 Pett odian of any other petty cash or chang		also
Signature	Telephone	Date	
Name of New Reconciler			
prove the designation of	as custodia as custodia further understood that I will be jointly liable	n and _ or all shortages and uninsured losses.	
oprove the designation of onciler of the above stated cash fund. It is	as custodia further understood that I will be jointly liable to the second seco	or all shortages and uninsured losses.	
poprove the designation of onciler of the above stated cash fund. It is  me of Department Head or Director  me of CBO (if request is less than \$10,0 an/Vice President (if request is above \$7	Signature of Department Head of Signature of CBO or Dean/Vio	or all shortages and uninsured losses.  or Director Date	
oprove the designation of onciler of the above stated cash fund. It is me of Department Head or Director me of CBO (if request is less than \$10,0 an/Vice President (if request is above \$7	Signature of Department Head of Signature of CBO or Dean/Vio	or all shortages and uninsured losses.  or Director Date  e President Date	

Revised: April 2020