



Bursar & Treasury Services
Finance & Administration
UNIVERSITY OF GEORGIA

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

To: Bursar and Treasury Services From: _____

In UGA Petty Cash and Change Funds policy 5.4, the custodian of a petty cash or change fund must be a full-time employee of the University of Georgia, and must accept personal responsibility for the safety, proper usage and return of the funds entrusted. Background and credit check results must be sent from Human Resources to Bursar and Treasury Services at the beginning of custodial approval and every three years thereafter. The Department Head or Director must document that a copy of UGA Petty Cash and Change Funds Policy was provided to the new custodian and the amount being transferred to the new custodian was verified.

This transfer of custodian or reconciler is:

_____ : Permanent

_____ : Temporary (Dates _____ to _____)

Change of Custodian or Reconciler is for: ____ Petty Cash or ____ Change Fund

As the **PRESENT CUSTODIAN**, I agree that I verified a balance of \$ _____ on _____.

 Signature Telephone Date

 Name of Present Custodian

As the **NEW CUSTODIAN**, I agree that I verified a balance of \$ _____ on _____.

I have read and agree to follow the procedures specified in UGA 5.4 Petty Cash and Change Fund policy. I understand that I will be personally accountable for the fund.

 Signature Telephone Date

 Name of New Custodian

As the **PRESENT RECONCILER**, I agree that I verified a balance of \$ _____ on _____.

Signature Telephone Date

Name of Present Reconciler

As the **NEW RECONCILER**, I agree that I verified a balance of \$ _____ on _____.

I have read and agree to follow the procedures specified in UGA 5.4 Petty Cash and Change Fund policy. I also acknowledge that I am not the custodian of any other petty cash or change fund account.

Signature Telephone Date

Name of New Reconciler

I approve the designation of _____ as custodian and _____ as reconciler of the above stated cash fund. It is further understood that I will be jointly liable for all shortages and uninsured losses.

Name of Department Head or Director Signature of Department Head or Director Date

Name of CBO (if request is less than \$10,000) or Dean/Vice President (if request is above \$10,000) Signature of CBO or Dean/Vice President Date

Please submit the completed form to Casey Chitwood at DEBORA.CHITWOOD@uga.edu

Approved: _____
Bursar and Treasury Services

Date