



Change Fund Approval

Department: _____ Effective Date: _____

Amount: \$ _____

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 the Office of Finance, Administrative Services and Operations and the Internal Audit Dept.

New Custodian Approval:

(Director/Supervisor)

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 the Office of Finance, Administrative Services and Operations and the Internal Audit Dept.

**Dean
Approval:**

PRINT NAME

SIGNATURE

DATE

**Department Vice President
Approval:**

PRINT NAME

SIGNATURE

DATE