



## CHANGE FUND CUSTODIAN ACKNOWLEDGEMENT

### *Custodian Acknowledgement*

Your signature below indicates that you:

- Agree to be personally accountable to Alcorn State University for the collection, balancing, and reporting of all cash and cash equivalents collected by the department.
- Agree that if these funds are lost or misplaced due to my negligence that the University may require reimbursement from me for that amount.
- Understand that the funds collected may not be retained for the purpose of establishing a petty cash fund or change fund.
- Understand that all cash on hand is subject to routine audits by the Office of Finance, Administrative Services and Operations and the Internal Audit Department.
- Have read and understand the University's Cash Handling Policy and agree to its guidelines.

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*Custodian Signature*

*Date*