



South Orange County Community College
District Fiscal Services
CHANGE FUND REQUEST

There are times when certain areas of the District are required to have funds available to make change. Those areas will be issued a check from the District Revolving Fund upon receipt of a request naming an authorized custodian for the funds. The authorized custodian will be responsible for the integrity of the funds.

These funds shall not be used as petty cash or to reimburse an individual. Shorted amounts will be the responsibility of the authorized custodian of the Change Fund.

The following instructions apply:

- 1) Submit a Request for Change Fund form, FS#70, to the District Accounting Office. A Revolving Fund check will be issued to the authorized custodian.
- 2) Each authorized custodian will be required to submit a periodic accounting of the balances in the change fund upon request.
- 3) The balance of monies in any account shall be maintained at the amount authorized. Shortages will be the personal responsibility of the authorized custodian.
- 4) Change funds may be increased, decreased or closed out at any time during the fiscal year.
- 5) The District Accounting office can replenish your change fund to provide custodian with lower denomination of bills and coins throughout the year as needed. Only the custodian may make change when needed.
- 6) The District Accounting office will perform periodic audits to change fund to ensure the authorized balance of the fund.



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Date: _____ Division/Department: _____

Purpose of Change Fund: _____

Requested Amount: \$ _____

Authorized Custodian: _____

Address: _____

I am aware of my full responsibility of the requested cash in this change fund, and maintaining its original balance. This fund is to be used, TO MAKE CHANGE ONLY. I am aware that the district will perform periodic audits of this change fund to ensure the authorized balance of the fund.

Authorized Custodian: _____
Signature *Date*

Authorized Administrator: _____
Signature *Date*

District Office Approval: _____
Signature *Date*

DISTRICT BUSINESS SERVICES USE ONLY

Check Number: _____ Date: _____

CHANGE FUND CLOSE OUT

Currency Breakdown:
_____ x 100 = _____
_____ x 50 = _____
_____ x 20 = _____
_____ x 10 = _____
_____ x 5 = _____
_____ x 1 = _____

Coins: _____

District Office Verification:
Authorized Custodian

Signature *Date*
Amount Received: \$ _____
Verified By:

Signature *Date*