TEMPORARY CHANGE FUND APPLICATION

SUBMIT COMPLETED FORM TO:

Business Operation Center email : BOCsupport@ucanr.edu

Custodian Information	
Name:	Employee ID #:
Location/ Address:	
Phone:	Email:

Department Information
Name:
Address:

Fund Type

Change Fund	**Amount** *($200-800)* **$**

Briefly explain fund purpose:

Fund Security

Describe how the funds will be secured using the guidelines below:

Classification	Security Requirement
Any	**Funds cannot be used to open a separate bank account.** Fund access is limited to the cash custodian.
Cash - $200 to $1,000	In a lockable receptacle
Cash - $1,001 to $2,500	In a safe

Custodian Background Check

Has a background check been conducted for this custodian? Yes ☐ No ☐

(It is a requirement per BUS-49, Section Policy IV.1, in order to have access to UC funds you need to have a background check with UCPD.)

Has this custodian completed the required Cash Handling: Cash Policies and Procedures e-course?
Yes ☐ No ☐

Certification of Custodian

By signing this form I agree, as Temporary Change Fund Custodian, to assume personal responsibility for the proper control, disbursement and accountability of Funds at all times and in compliance with University policy. I understand I am responsible for:

– Making the Fund whole again should shortages occur
– Understanding that a bank account cannot be opened with these funds, which would result in immediate request for closure of the fund
– Closing the Temporary Change Funds five **(5)** days after the last day of the event

University Cash-Handling Policy BUS-49 (http://www.ucop.edu/ucophome/policies/bfb/bus49.html)

Signature:_____ Date:_____

Director Level Approval

I authorize the establishment of a Temporary Change Fund for the above custodian. I understand I am responsible for:

– Ensuring that the use of the Fund is in compliance with University policies applicable to the Fund type
– Confirming that all cash handling policies are followed
– Reporting any Fund shortages to BOC
– I am providing an adjustment chart string to be debited in the event the fund is not closed properly

Signature:_____ Date:_____

Name Printed: _____

Title:_____ Email:_____

Cash Handling and Banking Services Use

Fund Type	Chartstring	Reference Number	Amount
Change Fund	3310-13U20-101001-Dept		$

Approval BOC and Treasury:

Print - BOC	Signature - BOC	Title	Date

Print - Treasury	Signature - Treasury	Title	Date

UNIVERSITY OF CALIFORNIA
Agriculture and Natural Resources