Completed by

Department Name
Division
Dept. Contact
Effective Date

Phone

Note: Some features may not work when completing the form in the browser. Please download forms to a PDF before entering information. All forms are downloadable PDFs.

## **ACCEPTANCE OF CASH CUSTODY FORM**

Type of Fund:	Petty Cash	Travel	Change	Other				
Type of Transaction Establishing a new t		ish New Fund ing a fund requ			Decrease Fund ating the amount of the	Transfer Fund fund/increase and	Close Fund reason.	
Custodian of Fund					Original Amount of Fund			
					Increase/Decrease Amount			
Custodian Vendor Number (Assigned by Finance)					Revised Amount of Fund			
Office Address					ecking count			
City	Sta	ate Zip			* Indicate na	ame of bank & bank acco	ount #	
Former Custodian (Name)				State	State Treasurer Approval to Open Checking Account			
Former Custodian Vendor Name				Depa	Department Head or Authorized Agent Signature			
I agree to be respondent				nount shov	vn above in accordanc	e with the policies a	 and	
Custodian of Fund (Signature)					Date			
			SUM	MARY				
					=	form to: fvendor     (801) 957-7760	_	
TO BE USED BY T	HE DIVISION (	OF FINANCE (	ONLY					

Date