

Petty, Temporary, Permanent Cash Fund Changes Purpose & Process Flow

Please review the [Business Procedure Manual](#) (BPM) for policies and procedures affecting cash fund custodian/responsible person changes.

PURPOSE – To account for cash fund custodian/responsible person change each time a change fund is assigned to a new fund custodian and/or responsible person.

PROCESSING FLOW –

- Cash Fund Custodian identifies requested change and fund type being changed
- Cash Fund Custodian provides request date, department, MSC, phone number and total cash fund
- Cash Fund Custodian and/or Responsible Person prints and signs name showing obligation of cash fund is being released from them
- New Cash Fund Custodian and/or Responsible Person prints and signs name
- Transfer of the Cash Fund Custodian and/or Responsible Person must be witnessed by an individual and the witness needs to print and sign their name
- Approval of the transfer must be approved by the Responsible Person and/or Department Head by printing and signing their name
- The Cash Fund Custodian/Responsible Person Change Form must be submitted to University Accounts Receivable (UAR) – MSC 4570

NEW MEXICO STATE UNIVERSITY
University Accounts Receivable
Petty, Temporary, Permanent Cash Fund Changes Request

REQUESTED CHANGE:

- Fund Custodian (Person responsible for Fund on a Daily Basis)
 Responsible Person (Supervisor of Person Responsible for Fund)

FUND TYPE BEING CHANGED:

- Petty Cash Fund (103361-11120) – for incidental minor departmental purchases
 Temporary Change Fund (103362-11130) – for providing change for an occasional event
 Permanent Change Fund (103357-11110) – for providing change for on-going daily operations

Request Date(mm/dd/yyyy): _____

Department: _____ MSC: _____ Phone #: _____

Total Cash Fund:\$ _____

Obligation of this cash fund is being released from:

Print Custodian Name _____

Custodian Signature _____

Print Responsible Person Name _____

Responsible Person Signature _____

Obligation of this cash fund is being assigned to:

Print Custodian Name _____

Custodian Signature _____

Print Responsible Person Name _____

Responsible Person Signature _____

This transfer has been witnessed by:

Print Witness Name _____

Witness Signature _____

Approval is granted by:

Print Responsible Person/Department Head _____

Responsible Person/Department Head Signature _____

Submit Completed Form to: UAR – MSC 4570

Business Office Approval _____ Date _____