

TEMPORARY CHANGE FUND CLOSING INSTRUCTIONS AGREEMENT

SUBMIT COMPLETED FORM TO:

Business Operations Center email: BOCsupport@ucanr.edu

Certification of Custodian

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

University Cash Handling Policy BUS-49 (<http://www.policy.ucop.edu/doc/3420337/BFB-BUS-49>)

I understand that this is a loan from the Controller's office and that I am responsible for the proper closure procedures below in order to repay the temporary funds, within 5 days after the event.

Once you have completed your final replenishment, prepare a Statement of Cash Collections (SCC), and send the documents to BOC with the validated deposit slip, and copies of checks, and/or the actual deposits for locations that do not have access to BOFA . The deposit should be separate from the sales and other transactions.

1. **"Closing Temporary Change Fund for "name" for \$ amount**
2. For the ledger distribution
 - Use chart string: **3310-13U20-101000-Department**
 - Financial Department

Attach a copy of your original Temporary Change Fund Request, copies of your daily starting balance count sheet and end balance count sheet. If your deposit is taken to bank directly attach a copy of deposit slip. Change Funds must be deposited separately from other deposits. Send deposit packets to BOC.

Signature: _____

Date: _____

Director Level Approval

I authorize the closure of a Temporary Change Fund for the above custodian. I understand I am responsible for ensuring that this loan fund is closed properly and as a representative of the department.

Signature: _____

Date: _____

Name Printed: _____

Title: _____

Email: _____

Cash Handling and Banking Services Use

Approval BOC and Treasury:

Print - BOC

Signature - BOC

Title

Date

Print - Treasury

Signature - Treasury

Title

Date