



TOWN OF MARANA

Change in Petty Cash Fund Custodian

Date

From:

Please change the custodian for the Department shown above. I, along with my supervisor, have reconciled the fund following the procedures outlined in the Petty Cash Fund Administrative Directive. A copy of the reconciliation form is attached to this request.

I,

have read and understand the Petty Cash Fund Administrative Directive. I agree to abide by all applicable Federal, Grantor Agency, Town and/or Department regulations, policies and procedures regarding the petty cash funds. It is my responsibility to verify the completeness and accuracy of the fund. In the event of a fund overage or shortage, I agree to notify my supervisor immediately. I understand that personal funds cannot be used to eliminate shortages and excess funds cannot be removed to eliminate overages.

At the end of my assignment I agree to return all fund monies advanced to me to my supervisor or as directed. If all fund monies are not returned prior to the end of my duties, I authorize the Town of Marana to deduct any missing funds from my paycheck.

New custodian assumes responsibility of

Signature of Custodian

Approval signatures:

Supervisor:

Department Head:

Signature of Supervisor

Signature of Department Head

Finance Department Approval Signature

Date