

PETTY CASH / CHANGE FUND TERMINATION FORM

Please fill out the information below and turn form in along with the fund to the Cashier's Office.

Check one: Change Fund Petty Cash Fund

\$ _____
Amount Authorized

\$ _____
Amount Returned to Cashier's

_____ Custodian's Name	_____ Department Name
_____ Control Agent's Signature	_____ Date

CUSTODIAN'S STATEMENT OF ACCOUNTABILITY

This is to certify that I, _____,

ID # _____, have accounted for and turned in the entire fund of \$ _____

to The Central New Mexico Community College Cashier's Office.

Signature

Date

CNM Cashier's Office

1. Cost Account Information:
 - a. Change Fund, Food Service: 1920-xxxx-1103-xxx
 - b. Change Fund, All other: 1001-xxxx-1103-xxx
 - c. Petty Cash Fund: 1001-xxxx-1102-xxx

2. Please send original form and Journal Receipts to the Business Office.