

# How to Make a Change to an Approved Change Fund

Use this Step-by-Step guide to request a change to an already approved Change Fund. **Requests should be submitted and approved BEFORE they are implemented.**

Changes can include: New Custodian, New Speedtype, Change Location, and Change Amount.

**Please allow up to 2 weeks for processing.**

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## Required Documentation for Change Requests:

- **Change Form** – Use the [Petty Cash/Change Fund Request](#) Form
  - **Approval Documentation** – Fully signed gift card program request & any additional approved update requests
  - **Reconciliation of Fund** (If changing amount or custodian – the PCR Form is recommended)
  - **Updated Internal Controls**
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## How to fill out the Form for the following Changes:

**New Custodian**  
(Page 2)

**Change Amount**  
(Page 3)

**Change Location**  
(Page 4)

**Change  
SpeedType**  
(Page 5)

1. Change Custodian -

- a. Check the boxes 'Change Fund' and 'Change Custodian of Fund' (Shown Below):

<b>University of Colorado</b> Boulder   Colorado Springs   Denver   Anschutz Medical Campus <b>Procurement Service Center (PSC)</b>		Effective Date: 11/01/2014
<b>Petty Cash/Change Fund Request (PCCF)</b>		
<b>Purpose:</b> Used to request the establishment or modification of a petty cash fund or change fund, and to accept custody of that fund. For guidance, see the PSC Procedural Statement Petty Cash and Change Funds.		
<b>Fund Type:</b> <input type="checkbox"/> PETTY CASH FUND <input checked="" type="checkbox"/> <b>CHANGE FUND</b>	<b>Action Requested:</b> <input type="checkbox"/> Create New Fund <input type="checkbox"/> Change Amount of Fund <input type="checkbox"/> Change Location of Fund <input checked="" type="checkbox"/> <b>Change Custodian of Fund</b>	<b>Controller Use Only:</b> <input type="checkbox"/> Close Fund Date / Initials: _____

- b. Fill in the form – Identify the new custodian and the former custodian:

For All Funds:			
Organizational Unit Name:	Department/Division Name	Custodian Name:	<b>First &amp; Last Name</b>
Exact address where funds will be located:	Location where fund will be kept. (Address, Building, Room #, etc.)	Custodian Employee ID #:	<b>CU Employee ID #</b>
If requesting change in original fund location or fund amount, explain:		Custodian Phone:	<b>Phone #</b>
		Custodian Email:	<b>Work Email Address</b>
		Custodian Campus Box:	<b>Campus Mail Box #</b>
		If requesting change in custodian, new custodian's signature below verifies fund amount and assumes responsibility for fund from former custodian.	
		Identify former custodian here:	<b>First &amp; Last Name of FORMER CUSTODIAN</b>
SpeedType:	Speedtype	Account:	Select: 000300 Change Fund
		Amount requested:	\$ Amount of Petty Cash
For Change Funds Only:			
Explain organizational unit business activity that requires this change fund:		<b>Detailed Explanation why change fund is required</b>	

- c. Requested New Custodian & Organizational Unit Authorizer sign  
 i. Organizational Unit Authorizer should be from a manager/approver listed on the speedtype.

Certification & Authorizing Signatures			
<i>I certify that the above information is correct and that this gift card program will be used in accordance with all fiscal rules governing its use. I have read and understand the PSC Procedural Statements identified in the Purpose, above, and will comply with them and all other applicable policies. Furthermore, I will comply with the following provisions:</i>			
<ul style="list-style-type: none"> <li>• I will establish controls over the gift cards so there is limited access to them and maintain the minimum quantity of inventory on hand that is effective for business.</li> <li>• When the program is nearing completion, I will reduce gift card inventory to a sufficient level in order to ensure there are no cards left over when the program ends. (Gift cards are often difficult to return.)</li> <li>• I will maintain adequate records on who gets gift cards so the process can successfully undergo an audit. I will have study subjects sign a receipt form acknowledging receipt of the gift card. Or, to protect patient confidentiality, I will maintain a list showing for each card issued the date, patient number, card number, amount of the card, and have the patient initial the line.</li> <li>• For study subject payments in full-board protocols (invasive): If payments to a single individual will equal \$100 or more per year, I will have them fill out and sign the IRS 1099 form to collect identification for tax reporting.</li> <li>• If the gift cards will be charged against a sponsored project or a gift fund, I certify that this is an allowable expense, complies with sponsor and donor restrictions, and is within approved budgets and available funding.</li> <li>• I will make gift cards and records available for audit by properly identified campus controller's office personnel or external auditors.</li> </ul>			
<b>Custodian Signature</b>	Date	<b>Organizational Unit Authorizing Signature</b>	Date
Custodian Signature	Date	Organizational Unit Authorizing Signature	Date

- d. **The new custodian should reconcile the fund with the former custodian using the [Petty Cash Reconciliation form](#)** -This is the chance to catch any discrepancies in the fund before assuming accountability for the fund. This should be included with the supporting documentation and sent to the finance office.

Send Completed Change Request Form, Original Approval for the Change Fund, and Additional supporting documentation to [pcgc@ucdenver.edu](mailto:pcgc@ucdenver.edu). Wait for approval before implementing this change.

## 2. Change Amount –

- a. Check the boxes 'Change Fund' and 'Change Amount of Fund' (Shown Below):

<b>Fund Type:</b> <input type="checkbox"/> PETTY CASH FUND <input checked="" type="checkbox"/> CHANGE FUND	<b>Action Requested:</b> <input type="checkbox"/> Create New Fund <input checked="" type="checkbox"/> Change Amount of Fund <input type="checkbox"/> Change Location of Fund <input type="checkbox"/> Change Custodian of Fund	<b>Controller Use Only:</b> <input type="checkbox"/> Close Fund Date / Initials: _____
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- b. Fill in the form – Identify the requested new amount & explanation for the change:  
i. \*This is the authorized amount that is on hand at one time – should be no more than 4-6 weeks' worth of payments.\*

For All Funds:			
Organizational Unit Name:	Department/Division Name	Custodian Name:	First & Last Name
Exact address where funds will be located:	Location where fund will be kept. (Address, Building, Room #, etc.)	Custodian Employee ID #:	CU Employee ID #
If requesting change in original fund location or fund amount, explain:	Explanation for change in amount	Custodian Phone:	Phone #
		Custodian Email:	Work Email Address
SpeedType:	Speedtype	Account:	Select: 000300 Change Fund
		Amount requested:	\$ Amount of Petty Cash
If requesting change in custodian, new custodian's signature below verifies fund amount and assumes responsibility for fund from former custodian.			
Identify former custodian here:			
For Change Funds Only:			
Explain organizational unit business activity that requires this change fund:		Detailed Explanation why change fund is required	

- c. Custodian & Unit Authorizer sign

Certification & Authorizing Signatures			
<p>I certify that the above information is correct and that this gift card program will be used in accordance with all fiscal rules governing its use. I have read and understand the PSC Procedural Statements identified in the Purpose, above, and will comply with them and all other applicable policies. Furthermore, I will comply with the following provisions:</p> <ul style="list-style-type: none"> <li>I will establish controls over the gift cards so there is limited access to them and maintain the minimum quantity of inventory on hand that is effective for business.</li> <li>When the program is nearing completion, I will reduce gift card inventory to a sufficient level in order to ensure there are no cards left over when the program ends. (Gift cards are often difficult to return.)</li> <li>I will maintain adequate records on who gets gift cards so the process can successfully undergo an audit. I will have study subjects sign a receipt form acknowledging receipt of the gift card. Or, to protect patient confidentiality, I will maintain a list showing for each card issued the date, patient number, card number, amount of the card, and have the patient initial the line.</li> <li>For study subject payments in full-board protocols (invasive): If payments to a single individual will equal \$100 or more per year, I will have them fill out and sign the IRS W-9 form to collect identification for tax reporting.</li> <li>If the gift cards will be charged against a sponsored project or a gift fund, I certify that this is an allowable expense, complies with sponsor and donor restrictions, and is within approved budgets and available funding.</li> <li>I will make gift cards and records available for audit by properly identified campus controller's office personnel or external auditors.</li> </ul>			
Custodian Signature	Date	Organizational Unit Authorizing Signature	Date
Custodian Signature	Date	Organizational Unit Authorizing Signature	Date

- d. The custodian & Unit Approver should reconcile the fund using the [Petty Cash Reconciliation form](#) - This should be included with the supporting documentation and sent to the finance office.

Send Completed Change Request Form, Original Approval for the Change Fund, and Additional supporting documentation to [pcgc@ucdenver.edu](mailto:pcgc@ucdenver.edu). Wait for approval.

### 3. Change Location of Fund –

a. Check the boxes 'Change Fund' and 'Change Location of Fund' (Shown Below):

<b>Fund Type:</b> <input type="checkbox"/> PETTY CASH FUND <input checked="" type="checkbox"/> CHANGE FUND	<b>Action Requested:</b> <input type="checkbox"/> Create New Fund <input type="checkbox"/> Change Amount of Fund <input checked="" type="checkbox"/> Change Location of Fund <input type="checkbox"/> Change Custodian of Fund	<b>Controller Use Only:</b> <input type="checkbox"/> Close Fund Date / Initials: _____
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b. Fill in the form – Identify the New Location and explain why the change is requested:

For All Funds:			
Organizational Unit Name:	Department/Division Name	Custodian Name:	First & Last Name
Exact address where funds will be located:	Location where fund will be kept. (Address, Building, Room #, etc.)	Custodian Employee ID #:	CU Employee ID #
If requesting change in original fund location or fund amount, explain:	Explanation for change in location	Custodian Phone:	Phone #
		Custodian Email:	Work Email Address
		Custodian Campus Box:	Campus Mail Box #
		If requesting change in custodian, new custodian's signature below verifies fund amount and assumes responsibility for fund from former custodian.	
SpeedType:	Speedtype	Account:	Select: 000300 Change Fund
			Amount requested: \$ Amount of Petty Cash
For Change Funds Only:			
Explain organizational unit business activity that requires this change fund:		Detailed Explanation why change fund is required	

c. Custodian & Unit Authorizer sign

Certification & Authorizing Signatures			
<p><i>I certify that the above information is correct and that this gift card program will be used in accordance with all fiscal rules governing its use. I have read and understand the PSC Procedural Statements identified in the Purpose, above, and will comply with them and all other applicable policies. Furthermore, I will comply with the following provisions:</i></p> <ul style="list-style-type: none"> <li><i>I will establish controls over the gift cards so there is limited access to them and maintain the minimum quantity of inventory on hand that is effective for business.</i></li> <li><i>When the program is nearing completion, I will reduce gift card inventory to a sufficient level in order to ensure there are no cards left over when the program ends. (Gift cards are often difficult to return.)</i></li> <li><i>I will maintain adequate records on who gets gift cards so the process can successfully undergo an audit. I will have study subjects sign a receipt form acknowledging receipt of the gift card. Or, to protect patient confidentiality, I will maintain a list showing for each card issued the date, patient number, card number, amount of the card, and have the patient initial the line.</i></li> <li><i>For study subject payments in full-card protocols (invasive): If payments to a single individual will equal \$100 or more per year, I will have them fill out and sign the IFS 16-3 form to collect identification for tax reporting.</i></li> <li><i>If the gift cards will be charged against a sponsored project or a gift fund, I certify that this is an allowable expense, complies with sponsor and donor restrictions, and is within approved budgets and available funding.</i></li> <li><i>I will make gift cards and records available for audit by properly identified campus controller's office personnel or external auditors.</i></li> </ul>			
<i>Custodian Signature</i>	Date	<i>Organizational Unit Authorizing Signature</i>	Date
Custodian Signature	Date	Organizational Unit Authorizing Signature	Date

Send Completed Change Request Form, Original Approval for the Change Fund, and Additional supporting documentation to [pccg@ucdenver.edu](mailto:pccg@ucdenver.edu). Wait for approval.

#### 4. Change SpeedType –

- a. Check the box 'Change Fund' and write in 'Change Speedtype'

<b>Fund Type:</b> <input type="checkbox"/> PETTY CASH FUND <input checked="" type="checkbox"/> CHANGE FUND	<b>Action Requested:</b> <input type="checkbox"/> Create New Fund <input type="checkbox"/> Change Amount of Fund <input checked="" type="checkbox"/> Change SpeedType <input type="checkbox"/> Change Location of Fund <input type="checkbox"/> Change Custodian of Fund	<b>Controller Use Only:</b> <input type="checkbox"/> Close Fund Date / Initials: _____
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- b. Fill in the form – identify the new speedtype.

For All Funds:			
Organizational Unit Name:	Department/Division Name	Custodian Name:	First & Last Name
		Custodian Employee ID #:	CU Employee ID #
Exact address where funds will be located:	Location where fund will be kept. (Address, Building, Room #, etc.)	Custodian Phone:	Phone #
		Custodian Email:	Work Email Address
		Custodian Campus Box:	Campus Mail Box #
If requesting change in original fund location or fund amount, explain:	Change Speedtype from xxxxxxxx to xxxxxxxx	If requesting change in custodian, new custodian's signature below verifies fund amount and assumes responsibility for fund from former custodian.	
		Identify former custodian here:	
SpeedType:	Account:	Select: 000200 (Petty Cash)	Amount requested: \$ Amount of Petty Cash

For Change Funds Only:	
Explain organizational unit business activity that requires this change fund:	Detailed Explanation why change fund is required

- c. Custodian & Unit Authorizer sign:

Certification & Authorizing Signatures			
<p>I certify that the above information is correct and that this gift card program will be used in accordance with all fiscal rules governing its use. I have read and understand the PSC Procedural Statements identified in the Purpose, above, and will comply with them and all other applicable policies. Furthermore, I will comply with the following provisions:</p> <ul style="list-style-type: none"> <li>I will establish controls over the gift cards so there is limited access to them and maintain the minimum quantity of inventory on hand that is effective for business.</li> <li>When the program is nearing completion, I will reduce gift card inventory to a sufficient level in order to ensure there are no cards left over when the program ends. (Gift cards are often difficult to return.)</li> <li>I will maintain adequate records on who gets gift cards so the process can successfully undergo an audit. I will have study subjects sign a receipt form acknowledging receipt of the gift card. Or, to protect patient confidentiality, I will maintain a list showing for each card issued the date, patient number, card number, amount of the card, and have the patient initial the line.</li> <li>For study subject payments in full-board protocols (invasive): If payments to a single individual will equal \$100 or more per year, I will have them fill out and sign the IFS 1-3 form to collect identification for tax reporting.</li> <li>If the gift cards will be charged against a sponsored project or a gift fund, I certify that this is an allowable expense, complies with sponsor and donor restrictions, and is within approved budgets and available funding.</li> <li>I will make gift cards and records available for audit by properly identified campus controller's office personnel or external auditors.</li> </ul>			
Custodian Signature	Date	Organizational Unit Authorizing Signature	Date
Custodian Signature	Date	Organizational Unit Authorizing Signature	Date

Send Completed Change Request Form, Original Approval for the Change Fund, and Additional supporting documentation to [pcgc@ucdenver.edu](mailto:pcgc@ucdenver.edu). Wait for approval.

#### To Make Multiple Changes to an Approved Program at once:

- a. Select multiple boxes on the change request form for the necessary changes. See sample below:

<b>Fund Type:</b> <input type="checkbox"/> PETTY CASH FUND <input checked="" type="checkbox"/> CHANGE FUND	<b>Action Requested:</b> <input type="checkbox"/> Create New Fund <input type="checkbox"/> Change Amount of Fund <input checked="" type="checkbox"/> Change Location of Fund <input checked="" type="checkbox"/> Change Custodian of Fund	<b>Controller Use Only:</b> <input type="checkbox"/> Close Fund Date / Initials: _____
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- b. Complete the rest of the form identifying the changes.
- c. Email completed Change Request Form, Original Approval for the Change Fund & approved update requests, and additional supporting documentation to [pcgc@ucdenver.edu](mailto:pcgc@ucdenver.edu). Wait for approval before implementing changes.