# 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.

# Required Documentation for Change Requests:

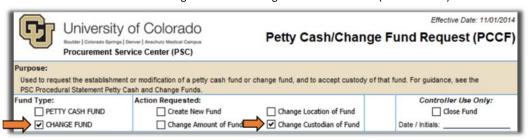
- Change Form Use the Petty Cash/Change Fund Request Form
- Approval Documentation Fully signed gift card program request & any additional approved update requests
- Reconciliation of Fund (If changing amount or custodian the PCR Form is recommended)
- Updated Internal Controls

# How to fill out the Form for the following Changes:

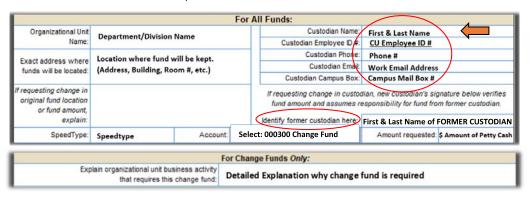


#### 1. Change Custodian -

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



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



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



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.

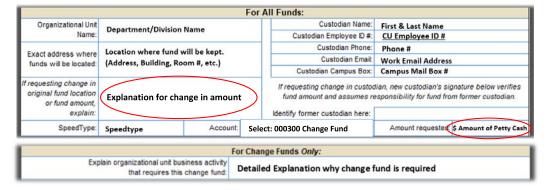
Send Completed Change Request Form, Original Approval for the Change Fund, and Additional supporting documentation to pcgc@ucdenver.edu. Wait for approval before implementing this change.

#### 2. Change Amount -

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

Fund Type:	Action Requested:		Controller Use Only:
PETTY CASH FUND	Create New Fund	Change Location of Fund	☐ Close Fund
CHANGE FUND	✓ Change Amount of Fund	Change Custodian of Fund	Date / Initials:

- 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.\*



c. Custodian & Unit Authorizer sign



d. The custodian & Unit Approver should reconcile the fund using the <u>Petty Cash Reconciliation form</u> - 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 <a href="mailto:pcgc@ucdenver.edu">pcgc@ucdenver.edu</a>. Wait for approval.

# 3. Change Location of Fund -

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

Fund Type:  PETTY CASH  CHANGE FU		Action Requested:  Create New Fund  Change Amount of Fund	☐ Change Location of Fund ☐ Change Custodian of Fund	Controller Use Only:  Close Fund  Date / Initials:
b.	Fill in th	e form – Identify the New Loc	ation and explain why the ch	ange is requested:

		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		- a - a - a - a - a - a - a - a - a - a		- arrange is regard	
For All Funds:							
Organizational Unit Department/Division Name		Custodian Na	me:	First & Last Name			
Name:	Name: Department/Division Name		Custodian Employee ID	D#:	CU Employee ID #		
Exact address where Location where fund will be kept.			Custodian Pho	one:	Phone #		
Exact address where funds will be located	/	ddress, Building, Room #, etc.)		Custodian En	nail:	Work Email Address	
(Address, Ballating, Room #, etc.)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\ '	Custodian Campus Box:		Campus Mail Box #	
If requesting change in original fund location or fund amount, Explanation for change in location				If requesting change in cu fund amount and assume	es re		
explain:			لسے	identify former custodian ne	ie.		
SpeedType:	Speedtype Account: Sele		Sele	ct: 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	
Statements identified in the Purpose, above, and will compo- I will establish controls over the gift oards so there is limit when the program is nearing completion, I will reduce gift difficult to return. I will maintain adequate records on who gets gift oards so oard. Or, to protect patient confidentiality, I will maintain a For study subject payments in full-board protocols (inva- collect identification for tax reporting.)	y with them and all other app ted access to them and mai card inventory to a sufficien it the process can successful list showing for each card it vive). If payments to a single ct or a gift fund, I certify that	in accordance with all fiscul rules governing its use. I have read and under viticable policies. Furthermore, I will comply with the following provisions intain the minimum quantity of inventory on hand that is effective for busin nt level in order to ensure there are no cards left over when the program e willy undergo an audit. I will have study subjects sign a receipt form acknow seved the date, patient number, card number, amount of the card, and has individual will equal \$100 or more per year, I will have them fill out and sign this is an allowable expense, complies with sponsor and donor restriction outcoller's office personnel or external auditors.	ness inds (Gilt cards are often vledging receipt of the gilt re the patient initial the line in the IRS W-3 form to
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 <a href="mailto:pcgc@ucdenver.edu">pcgc@ucdenver.edu</a>. Wait for approval.

## 4. Change SpeedType -

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

Fund Type:	Action Requested: Change Speed	iТуре	Controller Use Only:
PETTY CASH FUND		hange Location of Fund	Close Fund
☐ CHANGE FUND	Change Amount of Fund	hange Custodian of Fund	Date / Initials:

b. Fill in the form – identify the new speedtype.

			For	All Funds:			
Organizational Unit Department/Division Name		Custodian Name:		First & Last Name			
Name:	Name: Department/Division Name		Custodian Employee ID #:		CU Employee ID #		
Exact address where Location where fund will be kept.		Custodian Phone: Phone #					
funds will be located: (Address, Building, Room #, etc.)		Custodian	Email:	Work Email Address	i		
idilds will be located.	(, , , , , , , , , , , , , , , , , , ,	radices, building, Room in every		Custodian Campus Box: Cam		Campus Mail Box #	
If requesting change in original fund location or fund amount, explain:	Change Consolutions forces concerns			If requesting change in fund amount and assu	mes re	lian, new custodian's sig esponsibility for fund fro	and the second s
SpeedType:					<b>▼</b>	Amount requested:	\$ Amount of Petty Cash
		Fo	r Char	ige Funds <i>Only:</i>			
Exp	lain organizational unit bus	siness activity	etaile	d Explanation why chang	e fun	d is required	

c. Custodian & Unit Authorizer sign:

Certification & Authorizing Signatures						
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. Purthermore, I will comply with the following provisions:  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.  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 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 Cit, to protect patient confidentiality, I will maintain a list showing for each card issued the date, patient number, oad number, amount of the card, and have the patient initial the line.  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 \(\text{in} \cdot 3 torm to collect identification for far reporting.  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 will make gift cards and records available for audit by properly identified campus controller's office personnel or external auditors.						
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 <a href="mailto:pcgc@ucdenver.edu">pcgc@ucdenver.edu</a>. 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:

Fund Type:	Action Requested:		Controller Use Only:
PETTY CASH FUND	☐ Create New Fund	✓ Change Location of Fund	Close Fund
CHANGE FUND	Change Amount of Fund	✓ Change Custodian of Fund	Date / Initials:

- 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 <a href="mailto:pcgc@ucdenver.edu">pcgc@ucdenver.edu</a>. Wait for approval before implementing changes.