SUSANA A. MENDOZA
ILLINOIS STATE COMPTROLLER

Change of Custodianship or Location Petty Cash or Change Fund

_____
AGENCY NAME

_____
FUND NUMBER

	OLD INFORMATION	NEW INFORMATION
Name		
Address		
City, State and Zip Code		

(PLEASE PRINT OR TYPE)

Analysis of Fund at Date of Transfer

Cash on Hand $ _____

Cash in Bank $ _____

Voucher(s) in Transit _____

Total in Fund..... $ _____

Approved Level of Fund..... $ _____

The undersigned hereby certify that the above statement of Petty Cash Information is true and accurate.

SIGNATURE OF FORMER CUSTODIAN DATE SIGNATURE OF CURRENT/SUCCESSOR CUSTODIAN DATE

C-85