

Texas A&M University System Health Science Center Working Fund Custodial Receipt

I hereby acknowledge receipt of and responsibility for the cash working fund described below. As fund custodian, I understand and accept the fact that I am personally responsible for all funds entrusted to me until the monies are returned to the Office of Finance and Administration or until I am relieved of that responsibility by the completion of a transfer of the funds to another individual by means of a new custodial receipt. I also understand that a complete accounting of all expenditures, **supported with receipts**, will be made and that these funds are to be used only for the purpose specified below. Use of these funds for any other purpose, including check cashing, is forbidden, and no bank account in the name of the Texas A&M University System Health Science Center may be opened for deposit of these funds. I have also received a copy of Texas A&M University System Regulation 21.01.02 section 3 dealing with cash handling control procedures and System Regulation 21.01.11 dealing with working funds and will familiarize myself with both.

Department: _____

FAMIS Account: _____ Amount: _____

Permanent: _____

Temporary: _____ If temporary, date funds to be returned on: _____

Purpose of working fund:

Printed Name & UIN, Fund Custodian

Title, Fund Custodian

Signature, Fund Custodian

Date

Department Telephone No.

APPROVED BY DEPARTMENT HEAD

Signature – Department Head

Date

APPROVED BY OFFICE OF FINANCE & ADMINISTRATION

Signature – Office of Finance & Admin

Date