

action needed:

Controller's Office Change Fund Reconciliation Form

	CI	HANGE FUND DE	TAII	
DEPARTMENT NAME	<u> </u>	CUSTODIAN NAME		
SEL ARTIMENT TO AME		00010200010000		CHANGE FUND STATUS
RECONCILIATION DATE		APPROVED CHANGE FUND AMOUNT		CLOSE
1		F		CLOSE
OPERATING UNIT	DEPT	FUND	CLASS	MAINTAIN
				_
CURRENCY C		1	T	
		QUANTITY	TOTAL	
PENNIES	0.01			
NICKELS	0.05			
DIMES	0.10			
QUARTERS	0.25			
ONES	1.00			
FIVES	5.00			
TENS	10.00			
TWENTIES	20.00			
FIFTIES	50.00			
HUNDREDS	100.00			
	-			TOTAL
			_	
	Total Reconcil	ed Change Fun	ıd[
Total Approved Change Fund Per Above				
Variance*				
*For any variance, please contact the Controller's Office for resolution at TREASURY@mailbox.sc.edu.				
"For any variance, piea	ase contact the Contro	oller's Office for res	solution at TREAS	SURY@mailbox.sc.edu.
By signing below, v	we certify the char	nge funds were	counted by the	e custodian as witnessed
by the department	head. Additionall	y, we certify the	funds are kep	ot in a secure location.
CUSTODIAN SIGNATURE:				DATE:
DEPARTMENT HEAD NAME:				DATE:
DEPARTMENT HEAD SIGNATURE:				DATE:
Controllerio Office				
Controller's Office	use Uniy:			
Reviewed by:				
Review Date:				
Follow-up or				