Cash Settlement & Account Termination Form

University of California, San Francisco

Complete this form and send, with supporting documents, to:

UCSF Controller's Office

Petty Cash Desk - Cash and Controls Team

1855 Folsom Street, Suite 425

San Francisco, CA 94143-0815

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								change fu account.	ina acct	
							_			
CUSTODIAN Please Print or Type Full Name			_	☐ I am terminating a change fund account.						
riease riint oi Type ruii Name			$oxedsymbol{\square}$ I am terminating a special cash account.							
INST	RUCTIONS:									
Line 1.	Any cash remaining in the account must be deposited at Bank of America. Enter the amount on line 1 and attach a copy of the bank receipts. Contact Petty Cash Desk for instructions.								nt	
Line 2.	If cash has been disbursed prior to this closing and has not been replenished, enter the amount(s) on Lines 2a, 2b, and 2c. Give the Fund Number, Dept ID, Project, and Function to be charged for each. Attach original receipts or other signed documentation verifying outstanding disbursement. Line 2 is not applicable to change accounts.									
Line 3.	Add lines 1 and 2.	Add lines 1 and 2.								
Line 4.	Enter the total authorization	Enter the total authorization amount of the account.								
Line 5.	Subtract line 4 from line 3 and enter the unaccounted balance. The balance should be \$0. Shortages or overages require an explanation (see below).									
Cash Returned.				Fund	Dept ID	Project	Period	Function	Flexfield	
a. Receipts submitted in lieu of cash.										
b.										
C.										
Subtota	I									
Approve	ed Amount				ì				1	
. Unacco	unted Balance.									
YDI AN	ATIONS: (Required if lin	e 5 is not	¢0)		•					
AFLAN	IAITONS: (Required ii iii		ΨΟ.,							
	quish responsibility for this acct by retu d/or by documenting all legitimate disb									
		Date						Date		
CUSTO	STODIAN'S SIGNATURE (MMDDYY)		DEI	DEPARTMENTAL APPROVAL (Signature) (MMDDYY)						
Accoun	t termination completed.									
		Date						Extension		
TTY CASH	DESK APPROVAL (Signature)	4MDDYY)		TITLE	(Please P	rint)				