

# CSC CHANGE FUND FORM

COUNTY NAME: \_\_\_\_\_

Name <i>Cashier/Magistrate</i>	Amount	User ID	Signature <i>Cashier/Magistrate</i>	Date
<b>TOTAL ISSUED</b>		<i>(Total should equal the FMS General Ledger account 11100.)</i>		

*Shaded portion should be completed using both the CTSUL screen and account 11100. (See the Financial Procedures Manual's Change Fund Chapter.)*

<i>Date</i>	<i>Signature Of Head Cashier</i>
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*(Head Cashier should verify each Cashier's/Magistrate's change fund.)*

<i>Date</i>	<i>Signature Of Clerk Of Court</i>
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