State of Kansas Department of Administration Division of Accounts and Reports DA-74 (Rev. 08-12)

CHANGE FUND MAINTENANCE

(For use with Policy Manual Filing 9,100)

DA-74 (Rev. 08-12)	Business Unit:			
Reque N	total authorized to date \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$			
Please indicate: Establish new fund Change res	ponsible employee(s) Request to change amount			
Agency Name:	Change Fund No.:			
If new fund, amount of fund requested: \$	Funds from Imprest Fund Number			
Proposed Location of Change Fund:	Building and Room Numbers			
(Street Address)	(City) Zip Code + 4			
Security provided for fund (lock box, lock desk, safe, etc.): Designated responsible employees:				
Custodian: (Name)	(Position)			
Alternate Custodian:				
(Name) Supervising Employee(s):	(Position)			
(Name)	(Position)			
(Name)	(Position)			
Approved:	I hereby certify that the above change fund will be used as provided by law and by regulations set out by the Director of Management Analysis and Standards			
Director, Management Analysis and Standards (Date)	Agency Authorized Signature (Date)			
Cance	llation			
Please cancel Change Fund No.	(Please attach copy of deposit slip.)			
Agency Authorized Signature	Date			