

CHANGE FUND CUSTODY RECEIPT
CONROE INDEPENDENT SCHOOL DISTRICT

DATE _____

Person Requesting Fund: _____

Department: _____

Fund Location: _____

Fund Amount: _____

Reason for Fund: _____

Custodian's Title: _____

Custodian's Location/Phone# _____

As the assigned custodian of this Change Fund, I agree that the check amount agrees with the approved fund amount. I accept responsibility for this Change Fund, and will handle the fund in accordance with the Change Fund guidelines per the Conroe ISD Activity Fund Manual, Conroe ISD Finance Manual, and good business practices.

Custodian's Signature: _____