

Los Angeles Unified School District  
Food Services Division

AUTHORIZATION TO **DECREASE** CHANGE FUND  
FOR THE SCHOOL CAFETERIA

This is to authorize a decrease in the Change Fund for the cafeteria through payment from the Food Services Division Imprest Fund account.

Existing Change Fund	Decrease Request	New Change Fund Total
\$ _____	\$ _____	\$ _____

School Name: \_\_\_\_\_ Fund Center: \_\_\_\_\_

Authorized by: \_\_\_\_\_  
Regional Food Services Manager Date

**CERTIFICATION OF RECIPIENT:**

*I certify that the cafeteria's change fund was decreased as authorized. The amount was deposited to the cafeteria account separate from the regular collections, as follows:*

Date: \_\_\_\_\_ Deposit Slip Number: \_\_\_\_\_ Amount \_\_\_\_\_

*I understand that I am responsible for the change fund and will maintain cash in the cafeteria equivalent to the new Change Fund Total at all times.*

\_\_\_\_\_  
Signature of Food Service Manager Employee Number Date

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**JOURNAL ENTRY INFORMATION to be completed by the Imprest Fund Custodian:**

**For Imprest Fund Custodian:**

Attach completed form to journal voucher. Decrease in Change Fund will be recorded by JV. Indicate Fund Center on line item text. Note that functional area for balance sheet account is not necessary.

**Fund: 130-5310** (Cafeteria Fund)  
**GL Account: 914001** (Change Fund/Cash Collections Awaiting Deposit)

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Distribution:

Original or Copy 1 – Imprest Fund Custodian / Café Fiscal Support – 26<sup>th</sup> Fl, Beaudry  
Copy 2 – School Cafeteria file