

Los Angeles Unified School District
Food Services Division

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

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

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

School Name: _____ Fund Center: _____

Authorized by: _____
Regional Food Services Manager *Date*

CERTIFICATION OF RECIPIENT:

I certify that I received the check stated below to increase the cafeteria's change fund. 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*

PAYMENT INFORMATION to be completed by the Imprest Fund Custodian:

Payee: _____

Check No. _____ Amount: _____ Date _____

For Imprest Fund Custodian:

Attach completed form to Imprest Fund claim. For the replenishment of the imprest fund, use the funding line below. 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)

Distribution:

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