

Los Angeles Unified School District
Food Services Division

AUTHORIZATION TO ESTABLISH CHANGE FUND
FOR THE SCHOOL CAFETERIA

This is to authorize the establishment of a new Change Fund for the cafeteria through payment from the Food Services Division Imprest Fund account.

Amount: \$_____

School Name: _____ Fund Center: _____

Name to appear on check: _____ Job Title: _____

Authorized by: _____
Regional Food Services Manager *Date*

CERTIFICATION OF RECIPIENT:

I certify that I received the check stated below to establish 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 (amount above) 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