State of Kansas
Department of Administration
Division of Accounts and Reports
DA-74 (Rev. 06-83)

Total Fund Authorized . . . $ _____
Prior Approved Change Funds (-) _____
Balance of Authorization. . _____
Amount of this Request. . . (-) _____

APPLICATION TO ESTABLISH CHANGE FUND (K.S.A. 75-3078)

Agency Name Kansas State University Change Fund No. _____

Department Name _____

Proposed Location(s) of Change Fund _____
(Building and Room Number)

Amount of Change Fund Requested _____

Source and Amount of revenue to be collected at cashier station where change fund is located:

_____

Security provided for fund (lock box, lock desk , safe, eta):

_____

Employee and/or alternate employee to be designated as custodian of this change fund:

Custodian _____ _____
(employee's name) (Position)

Alternate Custodian _____ _____
(employee's name) (Position)

Supervising Employee(s) _____ _____
(name) (Position)

_____ _____
(name) (Position)

Approved ☐ Disapproved ☐

I do hereby certify that the above change fund will be used as provided by law and by regulations set out by the Director of Accounts and Reports.

_____ _____
Department Head Date

_____ _____
Dir. of Accounts and Reports Date

_____ _____
Controller Date

(10-86-100)