			CHANGE F	FUND REQUEST FORM		
Purpos	io:					
THE PARTY OF THE P	And the second s	lishment or modification of a checounty.com/auditor/forms.h	Control of the Contro	see the the County Auditor Accounting Pro-	cedures Manual regarding Change Funds which can be	
Action Requested:						
V	Request Ne	w Change Fund		Increase/Decrease amount of Change Fund		
	Return a Change Fund			Change Custodian of Fund		
Custo	dian Name:		For New	Change Funds Only:		
		Lisa Wise				
Department Name:		Elections Department				
Location:		El Paso County Courthouse: 500 E. Overland, Suite 314 El Paso, Texas 79901				
Amount Requested:		100.00 (in ones, fives and tens)				
Date Needed:		March 15, 201	farch 15, 2019			
Purpose for request of change fund:			We need to have change on hand since our department can not accept credit cards			
			For Change	Fund Modifications Only:		
Custo	dian Name:					
Depar	tment Name:					
Locati	lon:					
New C	Custodian (If cable):					
	nt Returned sed/Decreased					
	nation for Modifica orting documentation	ntion (Please attach all on):				
				available for unannounced audit:		
Funds the au	are to be available thorized fund amoun	for unannounced audit by pro it; those used in conjunction	operly identified personnel with a cash register must	from the County Auditor's office. Chang consist of cash in the authorized fund ar	e funds used for making change must consist of cash in mount plus any daily receipts.	
			Certification	& Authorizing Signatures		
				alli'	9/10/19	
Bowara Hanco for Edward A. Dion County Auditor Signature					Date 9/5/19	
		County Auditor Signature			Date /	