DISTRICT SCHOOL BOARD OF PASCO COUNTY
INTERNAL/STUDENT ACTIVITY ACCOUNTS
CHANGE FUND SUB LOG

MIS Form # 153B
02/17

School: _____

Purpose: _____

School Year: _____
Check Number:_____

Date Issued	Received by: (Print Name)	Received by: (Signature)	Amount Received	Date Returned	Amount Returned	Returned to: (Signature)

Use this log when funds are disbursed to several people from one check.

Bookkeepers: Retain electronic copy in TCM attachment to finalize deposit of change fund.
Distribution: Original to Bookkeeper