



STATE OF TENNESSEE
DEPARTMENT OF HEALTH
CORDELL HULL BUILDING
425 5TH AVENUE NORTH
NASHVILLE, TENNESSEE 37247

MEMORANDUM

DATE:

TO: All Regional Directors

FROM: Donna Dickens

SUBJECT: Change Fund Accounts

We are in the process of updating the change fund files for the Department of Health. Please indicate the amount of change funds for which you are responsible at this time, sign the attached statement and return as soon as possible.

Thank you very much for your cooperation. If you have any questions, please call Steve Beaty at 532-7109.

As of _____ the _____
DATE AGENCY
has received a total of \$ _____ in change funds from the Department of Health. The
current custodian of this fund is

Custodian NAME and TITLE

NAME and TITLE of Person Reconciling Account