

New Custodial Fund Agreement

Indiana University

Form No. A-119 (Revised 7/00)

Name of Custodian (please print) _____.

Amount of Custodial Fund Requested: \$ _____.

General Information:

Campus: _____.

Department: _____ Contact Person Name: _____.

Custodian Address: _____ Contact Address: _____.

Custodian Phone: _____ Contact Person Phone: _____.

Custodian Email: _____ Contact Person Email: _____.

Account Number used for recording expenses: _____

Account Number for Receivable (if known): _____

Fund Information:

Type of Fund: ___ Change Fund ___ Petty Cash Fund

 ___ Revolving Fund ___ Bank Clearing Fund

Purpose of Custodial Fund: _____.

_____ . Secure
location the funds are kept: _____.

What is the anticipated end date for this project? _____.

If funds are kept in a bank account, please provide the following information:

Bank Name: _____ Account Number: _____

As Custodian of this fund, I agree to accept the responsibility for the protection and proper use of this fund. I understand that I am covered by the university's Blanket Bond and that I will be held personally liable for losses except loss by theft if it is reported at once and the police investigation absolves me of negligence. To terminate my custodianship of this fund, I agree to contact IUPUI Accounting Records and Services for specific instruction. In no event will I transfer or assign these funds to my successor without submission of another signed agreement containing the appropriate signatures and approved by IUPUI Accounting. I have read and agree to abide by Indiana University Policy VI-560. I will submit written justification for the continued need for these funds on an annual basis to the Custodial Fund Coordinator in IUPUI Accounting Records & Services.

Signature of Custodian: _____ Date: _____.

Approval of Dept Fiscal Officer: _____ Date: _____.

Approval of RC Fiscal Officer: _____ Date: _____.

Grant Consultant (if grant acct is being used for expenses): _____ Date: _____.

*** DO NOT use this agreement if changing the custodian responsible for an existing fund ***

Return form to: Aline Danielson, IUPUI Custodial Fund Manager, AD 4055, IUPUI

This section for Financial Management Services and IUPUI Accounting Records and Services use only
Payee ID: _____

DV Doc #: _____ Doc Date: _____

Custodial Fund Manager Approval: _____ Approval Date: _____.