New Custodial Fund Agreement

Indiana University
Form No. A-119 (Revised 9/09)

Name of Custodian *(please print)* _____

Amount of Custodial Fund Requested: $ _____

General Information

Department: _____
Custodian Address: _____
Custodian Phone: _____
Custodian Email: _____
Account Number used for recording expenses: _____
Account Number for Receivable (if known): _____

Campus: _____
Contact Person Name: _____
Contact Person Phone: _____
Contact Person Email: _____

Fund Information

Type of Fund:
_____ Change Fund
_____ Revolving Fund
_____ Petty Cash Fund
_____ Bank Clearing Fund

Purpose of Custodial Fund: _____
_____

Secure location the funds are kept: _____
If funds are kept in a bank account, please provide the following information:
Bank Name: _____ Account Number: last 4 digits only_____

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 FMS - Bank Reconciliation (or 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 FMS or IUPUI Accounting.

I have read and agree to abide by Indiana University Policy I-560. I will submit written justification for the continued need for these funds on an annual basis to the Custodial Fund Coordinator in Financial Management Services.

Signature of Custodian: _____ Date: _____
Approval of Account Manager: _____ Date: _____
Approval of Fiscal Officer: _____ Date: _____
Approval of C&G Analyst: _____ Date: _____
(if grant account is to be used for expenses)

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

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:* _____

Return form to Poplars 508, BL, Fax: 812-856-4483 (BL and Regional), AO 120, Fax: 317-274-2639 (IN)