Indiana University Custodial Fund Reconciliation
NOTE: This form is for use only by funds with IU bank accounts

Custodian Name:_____ Bank Information
Department _____ Bank Name _____
Payee ID: P000_____ Bank Account # last 4 digits only_____
Date of Reconciliation _____ Fund Amount _____

CASH ON HAND:

Currency		Coins	
$1.....	_____	.01.....	_____
$2.....	_____	.05.....	_____
$5.....	_____	.10.....	_____
$10.....	_____	.25.....	_____
$20.....	_____	.50.....	_____
$50.....	_____	$1.00…..	_____
$100...	_____		

Cash Counted By: _____
Count Witnessed By: _____

Total Currency… _____ Total Coins..... _____
TOTAL CASH ON HAND: $ _____

ADD Checkbook Balance: + _____
TOTAL CHECKBOOK BALANCE AND TOTAL CASH: = $_____

ADD Receipts on hand not yet filed for reimbursement: + _____
ADD
Disbursement Vouchers in progress
Document # _____ $ _____
_____ $ _____
_____ $ _____
ADD Total Disbursement Vouchers: + _____
TOTAL FUNDS ACCOUNTED FOR: = $_____
SUBTRACT Authorized Custodial fund Balance: - _____
Discrepancy If this amount is not zero, please explain in detail = _____

Please Attach: do not email copies of bank statements
Detailed list of outstanding checks (include date of issue, amount, payee, payee address, & reason for payment.)
Bank Statement and any Cancelled Checks

Bank Statement ending Balance: $ _____
ADD: Deposits in Transit: + _____ (attach detailed list)
SUBTRACT: Checks Outstanding: - _____
Adjusted Bank Balance (Must equal Checkbook Balance) = _____

I certify that on _____,20__, I had in my possession and under my control $_____ in custodial funds and that these funds are being administered in compliance with campus policy and procedures.

Fund *Custodian* Signature: _____
Prepared by: _____

Please complete this form monthly & return to:
CUSTODIAL FUNDS COORDINATOR
POPLARS 508 BL