

Indiana University Custodial Fund Reconciliation

Custodian Name: _____ Department _____
 Payee ID: P000 _____ Authorized Fund amount _____
 Date of Reconciliation _____

CASH ON HAND:

Currency	Coins	Cash Counted By: _____
\$1..... _____	.01..... _____	Count Witnessed By: _____
\$2..... _____	.05..... _____	
\$5..... _____	.10..... _____	
\$10..... _____	.25..... _____	
\$20..... _____	.50..... _____	
\$50..... _____	\$1.00..... _____	
\$100... _____		
Total Currency..... _____	Total Coins..... _____	

TOTAL CASH ON HAND: \$ _____

ADD Receipts on hand not yet filed for reimbursement: + _____

ADD Other Items: (Detail required) + _____

Disbursement Vouchers in progress

Document # _____	\$ _____
_____	\$ _____
_____	\$ _____

ADD Total Disbursement Vouchers: + _____

TOTAL FUNDS ACCOUNTED FOR: = \$ _____

SUBTRACT Authorized Custodial fund amount: - _____

Discrepancy If this amount is not zero, please explain in detail below _____



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: _____

Please complete this form monthly & return to:

Prepared by: _____

CUSTODIAL FUNDS COORDINATOR
 POPLARS 508 BL