

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 ___ Revolving 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: _____