

Modify Custodial Fund Agreement

Indiana University Form
No. A-119M (5-2024)

Custodian Name *(please print)*

General Information

Department:	Campus:
Fulfillment Address:	Contact Person Name:
Custodian Phone:	Contact Person Phone:
Custodian Email:	Contact Person Email:

Account Number used for recording expenses:

Account Number for Receivable (if known):

Supplier ID Number:

Modify Fund Information

<i>Modify Custodian Name</i>	<i>Modify Fund Balance</i>
Former Custodian:	Current Fund Balance:
Fund Balance:	Amount of Increase/(Decrease) :
	New Fund Balance: =

Reason for Modification:

As Custodian of this fund, I agree to accept the responsibility for the protection and proper use of this fund. I have read and agree to abide by Indiana University Policy FIN-ACC-560. 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 the IU Indianapolis Budget Office for specific instructions. 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 IU Indianapolis Budget Office .

I will submit written justification via the annual Custodial Funds Revalidation Form to the Custodial Fund Coordinator in the IU Indianapolis Budget Office.

Signature of Custodian:	Print Name:	Date:
Approval of Dept. Fiscal Officer:	Print Name:	Date:
Approval of RC Fiscal Officer:	Print Name:	Date:
Approval of Grant Consultant:	Print Name:	Date:

(if grant account is used for expenses)

*** Do not use this agreement to create a new Custodial Fund Agreement ***

This section for IU Indianapolis Budget Office Only

Supplier ID:

BUY.IU Requisition #: *Doc Date:*

BUY.IU Invoice #: *Doc Date:*

KFS GEC # : *Doc Date:*

Custodial Fund Manager Approval: *Approval Date:*