

Modify Custodial Fund Agreement

Indiana University
Form No. A-119M (7/00)

Custodian Name *(please print)* _____

General Information

Department: _____ Campus: _____
Custodian 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): _____
Payee 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 VI-50. 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 VI-50. 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 Dept Fiscal Officer: _____ Date: _____

Approval of RC Fiscal Officer: _____ Date: _____

Approval of C&G Analyst: _____ Date: _____
(if grant account is to be used for expenses)

*** DO NOT use this agreement if creating a new Custodial Fund Agreement ***

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: _____