

# New Custodial Fund Agreement

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

Name of Custodian *(please print)* \_\_\_\_\_

Amount of Custodial Fund Requested: \_\_\_\_\_

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## 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):

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## Fund Information

Type of Fund:    Change Fund                      Revolving Fund

Fund Beginning/End Date:    Begin Date/Funds Needed: \_\_\_\_\_                      Estimated End Date:

Purpose of Custodial Fund:

Secure location the funds are kept:

If funds are kept in an IU bank account, please provide the following

information:            Bank Name:    Account Number: last 4 digits only

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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 the IU Indianapolis Budget Office 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 the IU Indianapolis Budget Office.

I have read and agree to abide by Indiana University Policy FIN-ACC-560. I will submit written justification for the continued need for these funds on an annual basis 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: \_\_\_\_\_

**\* Do not use this agreement to make modifications to an existing custodial fund\***

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*This section for the IU Indianapolis Budget Office only*

Supplier ID:

BUY.IU Req. #:

BUY.IU Invoice #:

GEC #:

Custodial Fund Manager Approval:

Doc Date:

Doc Date:

Doc Date:

Approval Date: