

New International Custodial Fund Agreement

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

Name of Custodian *(please print)*

Amount of Custodial Fund Requested:

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):

Fund Information

Revolving Fund International Project:

Country:

Grantor Organization:

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 a bank account, please provide the following information:

Bank Name:

Account Number: last 4 digits only

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, including for anything outside the proposed purpose set forth above. I represent and warrant that I shall not use the funds for any of the following:

- Paying a foreign government official (unless described in detail in the section above and approved by the General Counsel's office)
- Paying the salaries of foreign individuals (unless described in detail in the section above and approved by the General Counsel's office)
- Paying individuals or entities listed on any of the US sanctions lists (check foreign individuals and entities with the Export Control office)
- Paying individuals or entities in countries under US sanctions programs administered by the Office of Foreign Assets Control (OFAC) (e.g., Cuba, Iran, North Korea, Syria, Sudan) (unless described in detail in the section above and approved by the General Counsel's office and Export Control office)

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 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 Funds 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 if changing the custodian responsible for an existing fund ***

This section for IU Indianapolis Budget Office use only

Supplier ID:

BUY.IU Req. #:

BUY.IU Invoice #:

GEC #:

Custodial Fund Manager Approval:

Doc Date: _____

Doc Date: _____

Doc Date: _____

Approval Date: _____