Modify Custodial Fund Agreement

General Information	
Department:	
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	
Modify Custodian Name	Modify Fund Balance
Former Custodian:	Current Fund Balance:
Fund Balance:	Amount of Increase/(Decrease) :
	New Fund Balance: =
	e responsibility for the protection and proper use of this fund. I have read and
As Custodian of this fund, I agree to accept the agree to abide by Indiana University Policy I-50 be held personally liable for losses except loss negligence. To terminate my custodianship of this fund, I a and Services) for specific instruction. In no eve	e responsibility for the protection and proper use of this fund. I have read and 60. I understand that I am covered by the university's Blanket Bond and that I will by theft if it is reported at once and the police investigation absolves me of gree to contact FMS - Bank Reconciliation (or IUPUI Accounting Records ent will I transfer or assign these funds to my successor without submission of
As Custodian of this fund, I agree to accept the agree to abide by Indiana University Policy I-56 be held personally liable for losses except loss negligence. To terminate my custodianship of this fund, I a and Services) for specific instruction. In no ev another signed agreement containing the appr	e responsibility for the protection and proper use of this fund. I have read and 60. I understand that I am covered by the university's Blanket Bond and that I will by theft if it is reported at once and the police investigation absolves me of gree to contact FMS - Bank Reconciliation (or IUPUI Accounting Records ent will I transfer or assign these funds to my successor without submission of opriate signatures and approved by FMS or IUPUI Accounting.
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Payee ID:	This section for Financial Management Services	and IUPUI Accounting Records and Services use only
DV Doc #:		Doc Date:
Custodial Fun	d Manager Approval:	Approval Date:

Return form to Poplars 508, BL, Fax: 812-856-4483 (BL and Regional) or AO 120B, Fax: 317-274-2639 (IN)