## **Modify Custodial Fund Agreement**

Indiana University Form No. A-119M (9/09)  Custodian Name (please print)	
General Information  Department: Custodian Address: Custodian Phone: Custodian Email: Account Number used for recording expenses: Account Number for Receivable (if known): Payee ID Number:	Contact Person Name: Contact Person Phone: Contact Person Email:
Modify Fund Information  Modify Custodian Name Former Custodian: Fund Balance:  Reason for Modification:	Amount of Increase/(Decrease) : New Fund Balance: =
agree to abide by Indiana University Policy I-560. I be held personally liable for losses except loss by the negligence.  To terminate my custodianship of this fund, I agree and Services) for specific instruction. In no event wanother signed agreement containing the appropriate I have read and agree to abide by Indiana University these funds on an annual basis to the Custodial Funds.	sponsibility for the protection and proper use of this fund. I have read and understand that I am covered by the university's Blanket Bond and that I will theft if it is reported at once and the police investigation absolves me of to contact FMS - Bank Reconciliation (or IUPUI Accounting Records will I transfer or assign these funds to my successor without submission of ate signatures and approved by FMS or IUPUI Accounting. ity Policy I-560. I will submit written justification for the continued need for und Coordinator in Financial Management Services.
Signature of Custodian:	
Approval of Account Manager:	Date:
Approval of Fiscal Officer:	
Approval of C&G Analyst:(if grant account is to be used for expenses)	Date:
* DO NOT use this agreer	ment if creating a new Custodial Fund Agreement *
This section for Financial Management Payee ID:	nt Services and IUPUI Accounting Records and Services use only
DV Doc #:	Doc Date:
Custodial Fund 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)