

BALL STATE UNIVERSITY
SHORT-TERM CUSTODIAL FUND AGREEMENT
(To be used for specific events)

Printed Custodian Name:

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General Information:

Department:	
Custodian Home Address:	
Custodian Home Phone:	
Custodian e-mail:	

Fund Information:

Amount requested:	
Purpose of Custodial Fund:	
Begin Date:	
End Date:	
Secure location where funds are kept:	

Does your department currently have a Revolving Fund?

Yes, please complete the information below.

No, contact the Office of Accounts Payable at x1327 or ap@bsu.edu . We will determine if a new Account Code and/or Vendor ID needs created.

FOAPAL for issuance:	
Revolving Fund Vendor ID#:	

As Custodian of this fund, I understand and agree that I am responsible for the safeguarding of the fund and I hereby accept responsibility for the protection and proper use of the fund. I understand that I will be held personally liable for fund losses, except loss by theft that is promptly reported and does not involve my negligence or misconduct. I further understand and agree that: (i) all legal restrictions which apply to other University disbursements apply to this fund; and (ii) the fund shall be used only for approved University purchases.

To terminate my custodianship of this fund, I agree to contact the Director of Accounts Payable and inform him/her of my desire to terminate such custodianship. In no event will I transfer or assign these funds without prior written approval of the Director of Accounts Payable.

Custodian Approval: _____ Date: _____

Dept. Head Approval: _____ Date: _____

Director of A/P Approval: _____ Date: _____

This section for Ball State University, Office of Accounts Payable, use only.

Doc#: _____ Doc Date: _____