

**BALL STATE UNIVERSITY
CUSTODIAN OF FUNDS AGREEMENT**

Printed Name of Custodian:

Amount of Funds Released:

General Information:

Department:

Custodian Home Address:

Custodian Home Phone:

Custodian e-mail:

FOAPAL:

Project Information:

Expense Purpose:

Secure Location Where Funds Will Be Kept:

Anticipated End Date for This Project:

As Custodian of these funds, 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 funds. 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 these funds; (ii) the funds shall be used only for the purpose stated on the Direct Pay request; and (iii) the funds will not be used to purchase gift cards without prior approval from the Director of Accounts Payable.

To terminate my custodianship of these funds, 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.

I agree to promptly deposit any funds unused as of the end date of this project to the FOAPAL listed on this form at the Office of Student Financial Services.

I understand that if the expenses are not substantiated and excess funds are not returned in a timely manner, the amount of the cash advanced to me will become taxable income reported to me by Ball State University on my Form W-2 at the end of this calendar year.

Signature of Custodian: _____

Date: _____.

Signature of Dept. Head: _____

Date: _____.