

Indiana University Custodial Fund Reconciliation

Custodian Name: _____
 Department _____
 Fund Amount _____

Payee ID: _____
 Date of Reconciliation _____

CASH ON HAND:

Currency	Coins	Cash Counted By: _____
\$1..... _____	.01..... _____	Count Witnessed By: _____
\$2..... _____	.05..... _____	
\$5..... _____	.10..... _____	
\$10..... _____	.25..... _____	
\$20..... _____	.50..... _____	
\$50..... _____	\$1.00..... _____	
\$100... _____		
Total Currency..... _____	Total Coins..... _____	

TOTAL CASH ON HAND: \$ _____

ADD Receipts on hand not yet filed for reimbursement:	+	_____
ADD replenishment checks received but not cashed	+	_____
ADD Other Items: (Detail required)	+	_____
Disbursement Vouchers in progress		
Document # _____	\$	_____
_____	\$	_____
_____	\$	_____
ADD Total Disbursement Vouchers:	+	_____

TOTAL FUNDS ACCOUNTED FOR: = \$ _____

SUBTRACT Authorized Custodial fund Balance: - _____

Discrepancy If this amount is not zero, please explain in detail = _____

I certify that on _____, 20____, I had in my possession and under my control \$ _____ in custodial funds and that these funds are being administered in compliance with campus policy and procedures.

Fund Custodian Signature: _____
 Prepared by: _____
 Fiscal Officer Signature: _____

Please complete this form monthly & return to:
 Aline Danielson, Custodian Fund Coordinator
 AD 4055B, IUPUI
 Email: adaniels@iupui.edu