

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
 AO 120B, IUPUI
 Fax: 317-274-2639