

Indiana University Custodial Fund Reconciliation

NOTE: This form is for use only by funds with IU bank accounts

Custodian Name: _____	Bank Information
Department _____	Bank Name _____
Payee ID: _____	Bank Account # _____ last 4 digits only _____
Date of Reconciliation _____	Fund Amount _____

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 Checkbook Balance: + _____

TOTAL CHECKBOOK BALANCE AND TOTAL CASH: = \$ _____

ADD Receipts on hand not yet filed for reimbursement: + _____

ADD

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 = _____

Please Attach: do not email copies of bank statements

Detailed list of outstanding checks (include date of issue, amount, payee, payee address, & reason for payment.)

Bank Statement and any Cancelled Checks

Bank Statement ending Balance:	\$ _____	
ADD: Deposits in Transit:	+	_____ (attach detailed list)
SUBTRACT: Checks Outstanding:	-	_____
Adjusted Bank Balance (Must equal Checkbook Balance)		= _____

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: _____

Please complete this form monthly & return to:
CUSTODIAL FUNDS COORDINATOR
POPLARS 508 BL