

Temporary Fund Close Instructions

1. Retrieve and make a copy of the original Custodian Request Form and Custodian Fund ID (NRXXXXXXX)
2. PI/Delegate completes Custodian Fund Accounting Form.
3. Check the “Final Report” box.
4. Determine amount expended.
 - a. If amount expended was the same as amount advanced:
 - Amount of expenditure on Custodian Fund Accounting Form should match amount of original advance
 - b. If amount expended was more than the amount advanced:
 - Check will be made out to Custodian
 - c. If amount expended was less than the amount advanced:
 - Remember to attach personal check for the amount not spent based on the amount shown on the bottom of this form.
 - d. Attach a Log: <https://businessservices.wisc.edu/documents/research-participant-log/>
5. The first line of the Custodian Fund Accounting form is the same coding as the **original Custodian Fund Request Form** using the same **Custodian Fund ID** (NR number/NRXXXXXXX). Fill in original request amount as a **negative** amount. Fill the **Account (6167), Fund, DeptID, Prog** (program), **Project, Custodian Fund ID**
6. Fill in the line under the grayed-out line as a **positive** amount for the total expenditures reported on the log. **Use the Account*, DeptID, Prog** (program), **Project, Custodian Fund ID** which these expenditures will be charged to. (This could be different than original request and this could be multiple funding lines)
*Make sure correct SFS account code is being used. Use account code 2637 for human subject expenditures
 - a. Fill in amount expended as reflected by log
 - b. Ensure the fund/project is still active and with funding available
7. Fill in the Custodian name and address.
8. Fill in “Deliver To” box if different than Custodian address.
9. Complete the Call for more information box (department financial information person).
10. Leave check amount box blank.
11. Itemized Expenditures Section:
 - a. Leave Replenishable Bank Account Info section blank.
 - b. Under program expense section, enter research expenses per participant or summarize payment total and attach a log detailing expenses per participant.
 - c. Confirm log totals agree with program expense section and these expenses agree with amounts listed on upper left-hand corner of form.
12. Form is signed by the Custodian (PI).

DEPARTMENT/UNIT

13. Verify information on steps 1-12.

14. If amount expended was less than the amount advanced, verify the Custodian has attached a personal check for the amount not spent based on the amount shown on the bottom of the Custodian Fund Accounting form.

15. Department approver signs Custodian Fund Accounting form.

16. File original documents in department.

17. Send copy(s) to the Dean's/Division Office for approval.



Custodian Fund Accounting Form

University of Wisconsin-Madison, Accounting Services

After approvals have been obtained, send form and related documents to:

Cash Management, 21 N. Park St., Suite 6101

Vendor Number:			5.			Voucher Number:		
Amount	Date	Account	Fund	DeptID	Prog.	Project	Custodian Fund ID	
		6167					NR	
							(max 7 digits)	
							NR	
- Grand Total		7.		8.		3.		
Increase/Decrease Amount <input type="text"/>		Check Attached <input type="text"/>		Reimbursement due <input type="text"/>		Final Report <input type="text"/>		

Custodian Name: _____				To: _____ (Complete if different than custodian address)			
Check payable to:				Deliver to:			
Building: _____				Building: _____			
Address: _____				Address: _____			
City: _____				City: _____			
State: _____				State: _____			
Zip: _____				Zip: _____			

Call (name and phone number) for more information: _____				Check Amount: _____			
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Reminder			9.			10.		
Attach logs to Accounting Form. Both Bank Accounts and Temporary Custodian Funds should use the 'Participant Log(s)' box to enter log summaries.			Replenishable Bank Acct Info: (if applicable)			Bank Acct #: _____		
			Bank Acct Name: _____			IRB #: _____		

PARTICIPANT LOG(S)		
Log Summary	Check # Range: (Bank Accts. Only)	Amount
Participant Log(s) Total:		\$ -

VOIDED CHECKS (LIST INDIVIDUALLY) as negative (-)		
Check(s) #	Date	Amount
Voided Checks Total:		\$ -
Grand Total:		\$ -

TEMPORARY CUSTODIAN FUNDS ONLY	
Authorized Amount (list as a positive number) (leave blank if replenishable):	_____
Reimbursement Due (positive amt) / Check to be attached (negative amt):	\$ -
Temporary Custodian Funds Only: Check #:	_____

BANK ACCOUNTS ONLY	
Authorized Amount:	_____

12.	_____	_____
Custodian (Employee)	Date:	Dean/Director Approval
Department Approval	Date:	Authorized Institutional Approval-Acting Srvs Only