



Custodian Fund Agreement Form
University of Wisconsin-Madison
Accounting Services 21 N. Park Street, Madison, WI 53715

SIGN BOTH SECTIONS

I hereby request a Custodian Fund in the amount of \$ _____ for the period _____ to _____
See Custodian Fund Request Form **NR**

Individual Custodian Agreement

I understand this request is to be used for the purpose stated on the Custodian Fund Request Form submitted to the Division of Business Services, and that I am **personally responsible** for any **payments** made from the advance payment of funds that are **not allowable** according to University rules and regulations.

In the event that I do **not return** the **advance** or **properly account** for the use of the **funds within 30 days** of the end of the custodian fund period and/or close of the project, and the reason for the failure to return the requested funds or account for the funds is due to my negligence, carelessness or willful and intentional conduct, the University may hold me **personally responsible** for the **repayment** of those **funds**. In the event that I terminate my employment at the University of Wisconsin-Madison, I will participate, with my Department and the Division of Business Services, in arranging the transfer of custodianship of the custodian fund request to an appropriate individual. **I agree to repay** any **portion** of the requested funds **not on hand or properly accounted for** at the time of my termination, due to my negligence, carelessness or willful and intentional conduct.

Printed Name: _____
(Fund Custodian)

Email: _____ Phone: _____
(Fund Custodian)

Signed: _____ Date: _____
(Fund Custodian)

Department Custodian Agreement

We, the Department, understand this custodian fund is to be used for the purpose stated on the Custodian Fund Request Form as submitted to the Division of Business Services, and that both the Individual and the _____ is responsible for any payments made from the requested funds that are not allowable according to University rules and regulations.

In the event the Individual or the Department does not return the requested funds or properly account for the use of the funds within 30 days of the close of the project and/or end of the activity, the Department will designate which funds will be used to repay the amounts due.

In the event that I, as the Department Fund Custodian or Dean of the Department, terminate my employment at the University of Wisconsin-Madison, I will participate, with the Division of Business Services, in arranging the transfer of custodianship of the custodian fund to an appropriate individual.

Printed Name: _____
(Department Representative)

Email: _____ Phone: _____
(Department Representative)

Signed: _____ Date: _____
(Department Representative)

Signed: _____ Date: _____
(Dean/Director)

Original plus one copy; Send to Dean's Office
One copy; keep internally for records