

Custodial Agreement

Dept Name: _____ PO#: _____ PO Amt: _____ DeptID: _____
 Start & End Date of Project/Event: _____ Custodian: _____
 DeptID Holder Name (Supervisor if DeptID Holder Is Custodian): _____

Please provide the following information and be as specific as possible: _____ Check If Additional Information Attached

Purpose of Cash/Gift Cards: (Include number of individuals with amounts, event/disbursement date or dates)

Where & How Will Cash/Gift Cards Be Secured (Physical Location Including Building and Room #)

Who Will Have Access To Cash/Gift Cards (Please List Names of All Employees)

Original Itemized Gift Card Purchase Receipt: The original itemized receipt must be submitted to Payment Services within two (2) business days of purchase. A copy must be retained by the custodian for use in completing the Research Participant Disbursement Log. If applicable

Research Projects: A Research Participant Disbursement Log must be retained in the department and updated as cash/cards are disbursed. The original log must be submitted to Payment Services at the end of the project and after each disbursement period if multiple periods are used. A copy of the log must be submitted to Payment Services with a year-end attestation form to affirm the value of the cash/gift cards disbursed and the value of cash/gift cards held by the custodian at the end of the fiscal year. If confidentiality is required, a Confidential Research Participant Disbursement Log must be maintained by the PI/department and made available for all approved audit purposes. **If applicable**

CUSTODIAN'S STATEMENT:

I understand that the cash received or the gift cards purchased with the PO listed above are my responsibility and will be subject to audit periodically by UNT Internal Auditor's Office and/or the State Auditor's Office. I understand that **it is my responsibility** to report any shortages to the UNTHSC Police Department, UNT Internal Audit, and Payment Services as soon as possible. I understand that **it is my responsibility** to contact Payment Services within 3 business days of the ending date for instructions on how to turn in cash and logs. I also understand that if I leave UNTHSC, transfer departments or job roles, have a legal name change, or otherwise cease to be custodian of these gift cards, **it is my responsibility** to notify Payment Services immediately.

_____ Date _____ Telephone Ext. _____
 Custodian Printed Name & Signature

_____ Department _____
 Title