

**SEMI-ANNUAL
REVOLVING FUND
CUSTODIAN ACKNOWLEDGEMENT FORM**

I, _____, hereby acknowledge that I am the custodian of the Revolving Fund for _____, (Department Name)

Project #: _____ in the amount of \$ _____. These funds will be maintained at Building _____ Room _____.

Acknowledgement Statement

I understand that I am responsible for safeguarding and maintaining accountability for these funds and agree to keep personal funds separate from Revolving Funds. I understand that I must submit a Revolving fund reconciliation to my supervisor for his/her signature. The signed reconciliation must be retained for audit purposes.

Upon reassignment or termination from the University, I agree to return these funds to the Student Financials Office, Modesto A. Maidique Campus, SASC 103 or Biscayne Bay Campus AC1-140.

CUSTODIAN NAME: _____ TELEPHONE: _____

SIGNATURE: _____ PANTHER ID: _____

E-MAIL: _____ DATE: _____

ADDITIONAL COMMENTS: _____

Form must be submitted by June 30th and December 31st of every fiscal year. Form must be uploaded to the OneDrive or emailed to cashrequests@fiu.edu Attention: Oriana Estevez.