

**University of Arkansas**  
**Financial Affairs Compliance**  
**123D Administration Building**  
**479-575-5553 | Fax: 479-575-8660**

**Fund Custodian Information Form**

**PLEASE PRINT CLEARLY.**

Fund Name \_\_\_\_\_

(Name selected when this fund was set up)

Amount of Fund \_\_\_\_\_

Physical Location of Fund Money \_\_\_\_\_

(If not in bank account)

Custodian Name \_\_\_\_\_

Custodian Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Custodian Phone Number \_\_\_\_\_

Custodian E-Mail \_\_\_\_\_

Contact Name \_\_\_\_\_

Optional. (Person other than custodian who may be contacted about fund.)

Contact Phone Number \_\_\_\_\_

Contact E-mail \_\_\_\_\_