FORM GA080

**CUSTODIAL AGREEMENT**

I acknowledge that upon receipt of the check for the following:

AMOUNT \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Study:

PURPOSE:

I agree to furnish original invoices / receipts for expenses and deposit slips for any excess monies re-deposited to the account for the entire advance. I agree to deposit any excess monies within 24 hours after completion of event. I will furnish these documents to: Imprest Account Technician, General Accounting, Box 7203, NCSU Campus by \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (INSERT end date from cash advance form).

PI Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_