

Truman State University
Business Office
New Agency Account Request

Please prepare the following account request after reading the Financial Policy and Procedure and submit the completed form to the Controller, 105 McClain Hall.

Please type or print

Sponsor _____ Phone _____

Responsible Person _____ Phone _____
Last First M.I.

Responsible Person
Address _____

Dept Name _____ Effective
Date _____

Proposed Account Title _____
Name of Donor, Contributor,
Supporter, Sponsor, etc. _____

Explain circumstances which create a need for this account. _____

Explain how the money will be received and what kind of expenditure will be appropriate for this account. _____

Who will be authorized to approve expenditures from the account? Please update this information whenever the authorizing persons change.
(Add attachment if more space is needed).

Printed Name Signature Date

Printed Name Signature Date

How many approvers (from the above list) will be required to sign requisitions? (For example, for University funds, at least 2 persons must approve expenditures). _____

I have read the Financial Policy and Procedure covering Agency Funds and I will administer this account in accordance with Federal, State and University policies.

Responsible Person _____ Date _____
Signature

Approval by Supervisor, Academic Division Head
Or President's Staff _____ Date _____
Signature

FOR ACCOUNTING USE ONLY:

Approval for Set up _____
Controller Date

Account Number _____ has been created. Charges may be made to the above account after _____.

Signature _____ Date _____
Business Office Employee