



Questionnaire for Establishing Agency Funds

ROUTING
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A New Fund Request Form must be completed and submitted with this Questionnaire.

SECTION 1: REQUESTOR INFORMATION (Must be completed)

Date (mm/dd/yyyy): _____ Department: _____ Campus Box: _____

Requestor: _____ E-mail Address: _____ Phone: _____

Requestor Signature: _____ Date: _____

SECTION 2: REQUEST DETAILS (Must be completed)

Agency Funds are monies held by the University acting as the organization's fiscal agent. The monies are deposited with the University for safekeeping to be used or withdrawn by the depositor at will. These funds may be held on behalf of students, faculty, staff, organizations, or some other third party.

1. Describe the purpose of this activity. How is the function of this activity outside the normal source of University business.
2. What is the source of monies for the fund?
3. Index and fund number to be charged for year end deficit.
4. How long will the Fund be needed?
5. If other signatures are required in addition to that of the responsible person, please list names and provide signatures.

Name	Signature

6. If there are any individuals designated to sign in the absence of the responsible person named at the bottom of this page, please list names and provide signatures.

Name	Signature

7. How will residual dollars be disbursed at the end of the activity?

8. Does your organization have by-laws? No Yes - **If yes, please provide a copy.**

SECTION 3: APPROVAL (Must be completed)

Fiscal Monitor Printed Name: _____ Signature: _____ Date: _____

Reviewed by Printed Name: _____ Signature: _____ Date: _____

SECTION 4: OFFICIAL APPROVAL (Must be completed)

Printed Name: _____ Signature: _____ Date: _____

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