



Cash Withdrawal for Agency Funds

ROUTING	UAR, MSC 4570 uar@nmsu.edu Phone 646-4911 Fax 646-7773
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The purpose of this form is to withdraw cash that is deposited in an Agency Fund with the University by an Organization or a Club for safekeeping. Present completed form to the University Accounts Receivable Cashier's Office, located in the Educational Services Building within one business day. Please complete the following sections in their entirety prior to submitting the form for withdrawal. Withdrawals over \$1,000 may require additional days to process. Contact University Accounts Receivable Cashier's Office for details (BPM 8.05.10).

SECTION 1: REQUESTOR INFORMATION (All fields are required.)

Date (mm/dd/yyyy): _____

Organization/Club Name: _____

Requestor Name: _____ E-mail Address: _____ Banner ID: _____
This is the person assuming responsibility for the cash withdrawal.

Advisor Name: _____ E-mail Address: _____ Banner ID: _____

SECTION 2: REQUEST DETAILS

Withdrawal Amount : \$ _____ Banner Index: _____ -794260

Purpose of withdrawal: _____

If funds will be used for travel, include supporting documentation for estimated travel costs.

SECTION 3: REQUESTOR APPROVAL

I hereby certify the cash withdrawal will be used for necessary and proper expenses as stated above.

Requestor Printed Name: _____ Signature: _____ Date: _____

Advisor Printed Name: _____ Signature: _____ Date: _____

SECTION 4: OFFICIAL APPROVAL

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

SECTION 5: FOR OFFICIAL USE ONLY