



# Questionnaire for Establishing Agency Funds

ROUTING  
Submit with  
New Fund  
Number Form

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 The monies are deposited with the University for safekeeping to be used or withdrawn by the depositor at will.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. Responsible person assigned to index. Must be FT faculty or staff of NMSU.
3. What is the source of monies for the fund?
4. Index and fund number to be charged for year end deficit.
5. How long will the Fund be needed?
6. If other signatures are required in addition to that of the responsible person, please list names and provide signatures.

Name	Signature

7. If there are any individuals designated to sign in the absence of the responsible person named above, please list names and provide signatures.

Name	Signature

8. How will residual dollars be disbursed at the end of the activity?
9. Does your organization have by-laws?  No  Yes - If yes, please provide a copy.

## SECTION 3: STUDENT ORGANIZATION ADVISOR/ AUTHORITY APPROVAL

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SECTION 4: CENTRAL OFFICE AUTHORIZATION

Fiscal Monitor Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed by Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Reset