



# Agency Payment/Withdrawal Request

[Enter a ticket in Aggie Service Desk](#)

Instructions: Use this form for agency payments, reimbursements and cash withdrawals. 1) Compile all information on request. 2) Include signatures required. 3) Retain a copy of request for agency files. 4) Submit a ticket in Aggie Service Desk and attach form and supporting documentation if required.

**Note: After Department Authority/Student Advisor review and approval the form will be routed for Central Office Authorization.**

Cash Withdrawals: Present approved form to the University Accounts Receivable Cashier's Office, located in the Educational Services Building within one business day. 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: CONTACT INFORMATION

Date (mm/dd/yyyy): \_\_\_\_\_ Organization / Club Name: \_\_\_\_\_

Requestor/Contact Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Advisor/Authority Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_ Phone: \_\_\_\_\_

## SECTION 2: REQUEST DETAILS

Cash withdrawal Cash Recipient Name: \_\_\_\_\_ Aggie ID: \_\_\_\_\_

Payee Aggie ID: \_\_\_\_\_ Payee Name: \_\_\_\_\_

Remit To Address: \_\_\_\_\_  
Street / PO Box City, State, Zip

Description of Goods or Services / Purpose of Withdrawal	Amount
1.	
2.	
3.	
4.	
5.	
<b>Total</b>	

Index	Fund	Account	Amount

## SECTION 3: OFFICIAL APPROVAL

I hereby certify balance is available to support the cash withdrawal or payment requested and funds will be used as stated above.

### Department Authority

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

**OR**

### Student Organization Advisor/Authority

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

Faculty/Staff Advisor  Authorized Organization Member  Arrowhead, Inc.  Aggie Development, Inc.

## SECTION 4: CENTRAL OFFICE AUTHORIZATION

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

Reset