

Request for New Agency Fund

Please complete the following, including all required signatures, and send to the **FI Master Data Center, JCK Building, Suite 540**, email to fimdc@txstate.edu, or fax to 245-8990.

For student organization accounts, please see Club Account UPPS at <http://www.txstate.edu/effective/upps/upps-03-01-10.html> <http://www.txstate.edu/effective/upps/upps-03-01-10.html>.

Documentation to attach to this request:

- Purpose and Mission Statement of Organization (required)
- Web site (if available)

Section 1. Organization Information

a.	Business Purpose/ Description of Account	
b.	Name of Organization	
c.	Address of Organization	
d.	Organization's federal ID number	
e.	Is the Organization a tax exempt entity?*	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please identify type of tax exempt entity: _____
f.	Nature of Organization	<input type="checkbox"/> Service organization <input type="checkbox"/> Professional organization/association <input type="checkbox"/> Faculty/Staff organization (see UPPS No. 04.04.55, Recognition of Faculty and Staff Organizations) <input type="checkbox"/> Other external organization Describe: _____

* Please refer IRS regulations for types of entities that are tax exempt. For definition of a 501(c)(3) organization, please see Exemption Requirements at <http://www.irs.ustreas.gov/charities/charitable/article/0,,id=96099,00.html> Exemption Requirements. Other types of entities may also be tax exempt (for example: a state, federal, local government entity).

Section 2. Sponsoring Department Information: Please note UPPS No. 03.01.09 "Fiscal Responsibilities of Account Managers at Texas State" <http://www.txstate.edu/effective/upps/upps-03-01-09.html>. Note that the account manager must be a current University Employee.

a.	Sponsoring Department Name and Cost Center	
b.	Account Manager Name	
c.	TxState NetID (username)	
d.	Relationship to Organization	
e.	Phone	

Section 3. Requestor Information (complete if different from data provided in Sec 2)

a.	Name	
b.	TxState NetID (username)	
c.	Phone	

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Section 4. Account Information

a.	Business Purpose/ Description of Account	
b.	Effective Date(s) for account	
c.	Proposed Account Name (40 char)	
d.	Source of Funds **	<input type="checkbox"/> Organization Activity Income Describe: _____ <input type="checkbox"/> Sales of Goods or Services Describe: _____ <input type="checkbox"/> Registration & Membership Fees Describe: _____ <input type="checkbox"/> Funds Transferred From: Describe: _____
e.	Estimated annual revenues and expenses	Revenues: \$ _____ Expenses: \$ _____
f.	Allowable Expenses *** <i>(Note that salaries are a non-allowable expense.)</i>	<input type="checkbox"/> Travel & Entertainment <input type="checkbox"/> Furniture & Equipment <input type="checkbox"/> Supplies and Expenses <input type="checkbox"/> Other: _____

**Please see UPPS No. 03.01.05 "University Income Recognition and Associated Cash-Handling Procedures" at <http://www.txstate.edu/effective/upps/upps-03-01-05.html>.

***Expenditures from this account must justifiably support the mission and goals of the organization for which it is being created. Please note [UPPS No. 03.01.03, Purchase of Food, Refreshments, Alcohol or Achievement Awards](#).

Section 5. Required Signatures: *By signing below, Account Manager acknowledges fiduciary responsibility for the funds in this account and for assuring that the account is managed consistent with all applicable regulations and policies.*

a.	Responsible Manager (print)	(sign)	(date)
b.	Chair/Director (print)	(sign)	(date)
c.	Dean/AVP/VP (print)	(sign)	(date)

Section 6. Approval (For Administrative Use):

	Name and Signature	Date
Cabinet Officer		
General Accounting		
FI Master Data		
Assigned Cost/Fund Center (# & name)		
Assigned Fund (# & name)		