

Concur's Pre-Trip Authorization # _____

E, L, or P# _____
 An encumbrance must be set up before the request is submitted. Use VID# 17429075530.

Temporary Working Fund Request

Texas A&M University HSC - College Station

Custodian Name: _____ AR Customer #: WF68(UIN) _____
 Position or Title: _____
 Department: _____ Mail Stop: _____ Office Phone: _____
 Email: _____

Please establish a working fund in the amount of \$ _____ from account _____.
 Funds are to be made available on _____.

The purpose of this working fund is:

Please check one payment option:
 ACH CHECK
 WIRE TRANSFER: ABA# _____ Acct# _____

Start Date		Completion/Return Date		DATE DUE to FMO (Accounting Due Date)*	
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*A voucher to substantiate the working fund must be submitted to FMO by the Accounting Due Date. Accounting due date is 30 days after return date or after specific need has ended. This should be the final date of the disbursement of funds, not necessarily the final date of the project. When repaying the working fund, use the AR invoice number in the invoice field on the document. Please note, taxability is based on completion date, not the accounting due date.

I hereby acknowledge responsibility for the working fund described above. As fund custodian, I understand and accept the fact that I am personally responsible for all funds entrusted to me until the monies are returned to Financial Management Operations, College Station. I also understand that a complete accounting of all expenditures, **supported with receipts**, will be made and that these funds are to be used only for the purpose specified above. Use of these funds for any other purpose, including check cashing, is forbidden, and no bank account in the name of Texas A&M University may be opened for deposit of these funds. I have read and understand Texas A&M University System Regulations 21.01.02 Receipt, Custody and Deposit of Revenues <http://policies.tamus.edu/21-01-02.pdf> dealing with cash handling procedures and [21.01.03 Disbursement of Funds](http://policies.tamus.edu/21-01-03.pdf).

I confirm that I have read and understand Texas A&M University System Regulation 21.01.11 Working Funds <http://policies.tamus.edu/21-01-11.pdf>. As required by this regulation, I am attaching a copy of the departmental procedures for handling the fund. These procedures include the proposed use, internal control and specific limitation for the fund, security arrangements, and the physical location of the fund.

I am aware that Past Due Working Funds are subject to being Taxable at 120 days from the completion date. If taxed, the fund custodian will still be responsible for the debt. A FAMIS hold will be placed on the Custodian at 60 days from the completion date. If the balance due to FMO equals \$100.00 or more at 120 days the Custodian will be placed on State Hold.

Fund Custodian Signature: _____ Date: _____

APPROVED: _____ Date: _____
 Department Head or Designee Signature

FMO APPROVAL: _____ Date: _____
 FMO Director

FMO Use: 23-011512-1615
 Voucher # _____