

Prairie View A&M University Account Profile and Electronic Document Routing

New Account
 Existing Account

Reason for update _____

Account Title _____ **Date** _____ **Account Number** _____
Account Dept. _____ **Sub-Dept.** _____

Purpose for establishing account:

Is this account primarily for research activities? ___ Yes ___ No
 Will this account generate income from the sale of goods or performance of services ___ Yes ___ No
 Is this activity regularly carried on? ___ Yes ___ No

Source of Income:

<input type="checkbox"/> Available University Fund	<input type="checkbox"/> Federal Appropriations	<input type="checkbox"/> IDC	<input type="checkbox"/> Sales and Services
<input type="checkbox"/> Bond Proceeds	<input type="checkbox"/> Fees	<input type="checkbox"/> Interest On Time Deposits	<input type="checkbox"/> State General Revenue
<input type="checkbox"/> Designated Tuition	<input type="checkbox"/> Gifts or Donations	<input type="checkbox"/> Investment Income	<input type="checkbox"/> Student Fee Revenue
<input type="checkbox"/> Earnings on Bond Proceeds	<input type="checkbox"/> Grad. Incremental Tuition	<input type="checkbox"/> Miscellaneous Sources	<input type="checkbox"/> Transfer from Another Acct
<input type="checkbox"/> Earnings on Endowments	<input type="checkbox"/> Grant or Contract	<input type="checkbox"/> OCR	<input type="checkbox"/> Other
	<input type="checkbox"/> Royalties		Description _____

Expenditure Restrictions:

(All funds are to be expended within the Statutes of the State of Texas and the Texas A & M System Board of Regents' Rules and Regulations)

Account Manager:

Name: _____ Phone: _____
 Title: _____ Email: _____
 UIN: _____

I hereby acknowledge responsibility for activity on FAMIS belonging to this account. In addition, I accept designation as Accountable Property Officer and assume accountability for the assets belonging to this account. I understand I am under financial liability for loss or damage to the property in this department if the loss or damage results from my negligence, intentional act, or failure to exercise reasonable care to safeguard, maintain and service the items.

Signature of Account Manager:

_____ Date: _____

Responsible Person : _____
(Print Name)

Authorized Account Manager Signatures: (Must include a backup signer)

1. _____ Signature	2. _____ Signature	3. _____ Signature
_____	_____	_____
Print or Type Name	Print or Type Name	Print or Type Name

_____ Department Head Date

_____ Dean or Other Division Head Date

_____ Vice President Date

Approved:

_____ Date

Vice President for Business Affairs or Designee

(Over for Electronic Document Routing)

Account Title: _____

Account Number: _____

Section A: Blanket Routing For All Documents **Only fill out the Blanket Routing Section if this pattern will follow all electronic routing for your department. If the same patterns do not apply for each section, then fill out sections B through E.

Creators (Must include a backup creator)

Signers (Must include a backup signer)

1. Name _____ UIN _____

1. Name _____ UIN _____

2. Name _____ UIN _____

2. Name _____ UIN _____

3. Name _____ UIN _____

3. Name _____ UIN _____

Section B: Electronic Budget Transfers (EBT)

Creators (Must include a backup creator)

Signers (Must include a backup signer)

1. Name _____ UIN _____

1. Name _____ UIN _____

2. Name _____ UIN _____

2. Name _____ UIN _____

3. Name _____ UIN _____

3. Name _____ UIN _____

Section C: Electronic Payroll Action (EPA)

Creators (Must include a backup creator)

Signers (Must include a backup signer)

1. Name _____ UIN _____

1. Name _____ UIN _____

2. Name _____ UIN _____

2. Name _____ UIN _____

3. Name _____ UIN _____

3. Name _____ UIN _____

Section D: Procurement Card (Procard)

Cardholder(s)

Signer(s)

1. Name _____ UIN _____

1. Name _____ UIN _____

2. Name _____ UIN _____

2. Name _____ UIN _____

3. Name _____ UIN _____

3. Name _____ UIN _____

Section E: Purchasing

Creators (Must include a backup creator)

Signers (Must include a backup signer)

1. Name _____ UIN _____

1. Name _____ UIN _____

2. Name _____ UIN _____

2. Name _____ UIN _____

3. Name _____ UIN _____

3. Name _____ UIN _____