

PRAIRIE VIEW A&M UNIVERSITY
Administrative Procedures Manual

Attachment 1

Prairie View A&M University
Departmental Working Fund - Responsibility Statement

I, _____, accept full responsibility for the working fund of \$ _____ established for my department. I certify that I have read and understand the responsibilities and restrictions outlined in the University's administrative procedures for Departmental Working Funds and The TAMU System Policy on Working Funds. I understand that I will be held responsible for the proper safeguarding and disbursement of these funds and will be required to reimburse the fund for any loss due to negligence on my part or due to improper disbursement of funds.

Witnessed:

Manager of Treasury Services

Date

Approved:

Controller

Date

Issued: May 15, 1998