PRAIRIE VIEW A&M UNIVERSITY

ACCOUNT PROFILE AND ELECTRONIC DOCUMENT ROUTING

**New Account Existing Account Deleting Account**

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**Reason for Update**

**Account Title Date Account Number**

**Account Dept. Sub-Dept.**

## Purpose for Establishing Account

**Explanation:**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Salaries/Wages |  | Telecommunications |  | Travel |  | O&M |
| Benefits |  | Scholarships (Attach Criteria Form) |  | Student Travel |  | Supplies |
| Other; Description  |  |  |  |  |

**Is this account primarily for research activities? Yes No**

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**Will this account generate income from the sale of goods or performance of services? Yes No**

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**\_\_\_**

**Is this activity regularly carried on? Yes No**

**\_\_\_**

**\_\_\_**

## Source of Income

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Available University Fund |  | Federal Appropriations |  | IDC |  | Sales and Services |
| Bond Proceeds |  | Fees |  | Interest On Time Deposits |  | State General Revenue |
| Designated Tuition |  | Gifts or Donations |  | Investment Income |  | Student Fee Revenue |
| Earnings on Bond Proceeds |  | Grad. Increment Tuition |  | Miscellaneous Sources |  | Transfer from Another Acct |
| Earnings on Endowments |  | Grant or Contract |  | OCR |  | Royalties |

**Expenditure Restrictions** *(All funds are to be expended within the Statues of the State of Texas and the Texas A&M system Board of Regents’ Rules and Regulations)***:**

***Account Manager***

Name \_Title \_Phone

UIN Email

*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 belong 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 \_

(Signature) (Print Name)

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

1.

(Print or Type Name) (Signature)

2.

(Print or Type Name) (Signature)

3.

(Print or Type Name) (Signature)

4.

(Print or Type Name) (Signature)

5.

(Print or Type Name) (Signature)

***Department Signatures:***

Department Head Date

Dean or Other Division Head Date

Associate VP for Academic Fiscal Affairs Date

Vice President Date

***Approved***

Vice President for Business Affairs or Designee Date

Account Title

# Section A: Blanket Routing For All Documents

Account Number

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, fill out sections B through F.

Creators (Must include a backup Creator) Signers (Must include a back signer)

1. Name UIN 1. Name UIN
2. Name UIN 2. Name UIN
3. Name UIN 3. Name UIN
4. Name UIN 4. Name UIN
5. Name UIN

5. Name UIN

# Section B: Electronic Budget Transfers (EBT)

Creators (Must include a backup Creator) Signers (Must include a back 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 back signer)

1. Name UIN 1. Name UIN
2. Name UIN 2. Name UIN
3. Name UIN 3. Name UIN

# Section D: Procurement Card (Procard)

Creators (Must include a backup Creator) Signers (Must include a back signer)

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 back signer)

1. Name UIN 1. Name UIN
2. Name UIN 2. Name UIN
3. Name UIN 3. Name UIN

# Section F: E-Travel Expense Approval

1st Approval (Must include a backup Approval) 2nd Approval (Must include a backup Approval)

1. Name UIN 1. Name UIN
2. Name UIN 2. Name UIN

11/2018