

PRAIRIE VIEW A&M UNIVERSITY

ACCOUNT PROFILE AND ELECTRONIC DOCUMENT ROUTING

☐ New Account ☐ Existing Account ☐ Deleting Account

Reason for Update _____

Account Title _____ Date _____ Account Number _____

Account Dept. _____ Sub-Dept. _____

Purpose for Establishing Account

Explanation: _____

<input type="checkbox"/> Salaries/Wages	<input type="checkbox"/> Telecommunications	<input type="checkbox"/> Travel	<input type="checkbox"/> O&M
<input type="checkbox"/> Benefits	<input type="checkbox"/> Scholarships (Attach Criteria Form)	<input type="checkbox"/> Student Travel	<input type="checkbox"/> Supplies
<input type="checkbox"/> Other; Description _____			

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. Increment 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"/> Royalties

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 _____ 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

(Signature) Date _____ Responsible Person _____
(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
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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, 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 _____ |