



PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

**Extension of Credit
System Regulation 21.01.04**
<http://policies.tamus.edu/21-01-04.pdf>

FAMIS Account Number: _____
FAMIS Account Title: _____
Department Code: _____ **(ex: PHPL for Physical Plant)**

The account listed above is requesting the authorization to Extend Credit per System Regulation [21.01.04](#) which states:

Authorization for an extension of credit operation is delegated to the CFO of the System component extending credit. Written documentation maintained by the CFO should explain the circumstances allowing for an extension of credit and confirm that the operation meets the constitutional test of being in the best interest of the System component and for the public good of the state of Texas. Payment for the sale of goods and services on credit is expected within thirty (30) days. Special circumstances requiring the extension of credit for longer than thirty (30) days must be disclosed. If this circumstance is not known at this time, it must be.

1. Please list detailed description of the operation:

2. Please explain why you have a need to extend credit; include detailed description of efficiencies created by extending credit:

3. Please give a detailed description of administrative cost savings and/or benefits of extending credit that exceed the cost of the operation:

4. Please provide details of your policy to ensure that consistent standards are applied to all applicants requesting an extension of credit. Should include checking previous payment history and/or customer capacity to repay debt:

5. Please provide estimation of the duration of the operation,, i.e. 6 months, 3 years, ongoing:

6. Please provide estimated value of the extension of credit operation (monthly and aggregate); and average amount per invoice:

7. Please provide amount of anticipated annual write-offs. Your collection procedures must accompany this form:

8. Please provide additional comments here (Include circumstances here):

9. Type of Customers: Check all that apply:

- ☐ Outside Customers
- ☐ Student Organizations
- ☐ TAMU System Members
- ☐ Other

I confirm that I have read and understand TAMU System and University regulation 21.01.04 regarding Extension of Credit located at:

<http://policies.tamus.edu/21-01-04.pdf>

I confirm that I have read and understand PVAMU's Identify Theft Prevention Program Policy located at:

<https://www.pvamu.edu/policies/wp-content/uploads/sites/56/21.01.04.P0.02.pdf>

I confirm that my department has written procedures for Extending Credit including collection procedures and all employees involved with this operation are familiar with the procedures and the above listed regulation and program.

Department Head Signature: _____ Date: _____

Department Head Printed Name: _____ Phone: _____

Department Name: _____

Please return completed forms along with collection procedures to W.R. Banks Building, Suite 140 - Attention: Equilla Jackson

Approvals:

Director of Treasury Services

Date

Asst. V.P. For Financial Management Services

Date

Senior Vice President for Business Affairs

Date