

PRAIRIE VIEW A&M UNIVERSITY

ACCOUNT PROFILE AND ELECTRONIC DOCUMENT ROUTING

Account type selection: New Account, Existing Account, Deleting Account

Reason for Update

Account Title, Date, Account Number

Account Dept., Sub-Dept.

Purpose for Establishing Account

Explanation:

Salaries/Wages, Benefits, Other; Description, Telecommunications, Scholarships, Travel, Student Travel, O&M, Supplies

Is this account primarily for research activities? Will this account generate income from the sale of goods or performance of services? Is this activity regularly carried on?

Source of Income

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

Empty box for Expenditure Restrictions

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.

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

**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 _____ |

**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**

*1<sup>st</sup> Approval (Must include a backup Approval)*

*2<sup>nd</sup> Approval (Must include a backup Approval)*

- |                         |                         |
|-------------------------|-------------------------|
| 1. Name _____ UIN _____ | 1. Name _____ UIN _____ |
| 2. Name _____ UIN _____ | 2. Name _____ UIN _____ |