



PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

PRAIRIE VIEW A&M UNIVERSITY FINANCIAL MANAGEMENT SERVICES DEPARTMENTAL WORKING FUND REQUEST FORM

Date: _____

Department Name: _____

Department Account Number: 0 _____ 1125

Working Fund Amount Approved: \$ _____

Description of Event the Working Fund is needed for:

Date of the Event: _____ Date funds will be returned: _____

Responsible Person: _____

(This should be the person who is responsible for handling the petty cash/working fund and keeping it in a safe place)

Location of Working Fund:

Building Name Room # Extension

Make Check Payable to: _____ (Responsible Person)

Vendor Number/Social Security Number: _____ (Responsible Person)

(If vendor information is not set up in FAMIS a W-9 form must be completed. A W-9 form can be found at [https://www.pvamu.edu/Include/Business affairs/Forms/Fiscal/Pro/Substitute W9.pdf](https://www.pvamu.edu/Include/Business_affairs/Forms/Fiscal/Pro/Substitute_W9.pdf))

Required Signatures:

Department Head: _____
Print Name Signature Date

Director of Treasury Services: _____
Signature Date

Assoc. V.P for Financial Mgmt Svcs: _____
Signature Date