

Agency Chartfield Authorization

Date _____

Department ID _____

Fiscal Officer Name _____ Title _____

Address _____

Phone _____ E-mail _____

Name of outside entity _____

Address of outside entity _____

Purpose of outside entity _____

Role/relationship of University personnel with the entity _____

Source(s) of funds (fees, dues, etc) _____

Intended use of funds (conference expenses, mailings, etc) _____

Expected timeframe of this activity _____

Disposition of any remaining funds at the conclusion of the activity:

AUTHORIZED SIGNATURE TO REQUEST AGENCY CHARTFIELD STRING:

DDD Signature

Printed Name

Title

Submit completed form to: Associate Controller, General Accounting, PO Box 113202

Finance and Accounting Use only:

Chartfield String (Dept ID, Fund, Program) _____

Approved _____

University Controller

Date