



Temporary Working Fund Request

Custodian Name (Individual Receiving Funds): _____ UIN: _____

Position or Title: _____ Department: _____ Mail Stop: _____

Office Phone: _____ Email: _____

Department Business Contact Name: _____ Email: _____

Requested Working Fund Amount: _____ Account for Repayment: 28- _____

The purpose of this working fund is:

**Working Fund
Star Date:**

**Working Fund
Completion/Ending Date:**

**DATE DUE to TEES Fiscal
(Accounting Due Date)*:**

*A voucher to substantiate the working fund must be submitted to TEES A/P by the Accounting Due Date. Accounting due date is 30 days after working fund completion date or after specific need has ended. This should be the final date of the disbursement of funds, not necessarily the final date of the project. When repaying the working fund, use the AR invoice number in the invoice field on the document. Please note, taxability is based on completion date, not the accounting due date.

I hereby acknowledge responsibility for the working fund described above. As fund custodian, I understand and accept the fact that I am personally responsible for all funds entrusted to me until the monies are returned to Texas Engineering Station Fiscal Office, College Station. I also understand that a complete accounting of all expenditures, **supported with receipts or human subject logs**, will be made and that these funds are to be used only for the purpose specified above. Use of these funds for any other purpose, including check cashing, is forbidden, and no bank account in the name of Texas A&M University and/or the Texas A&M Engineering Experiment Station may be opened for deposit of these funds. I have read and understand Texas A&M University System Regulations 21.01.02 Receipt, Custody and Deposit of Revenues <http://policies.tamus.edu/21-01-02.pdf> dealing with cash handling procedures and [21.01.03 Disbursement of Funds](http://policies.tamus.edu/21-01-03.pdf).

I confirm that I have read and understand Texas A&M University System Regulation 21.01.11 Working Funds <http://policies.tamus.edu/21-01-11.pdf>. As required by this regulation, I am attaching a copy of the departmental procedures for handling the fund. These procedures include the proposed use, internal control and specific limitation for the fund, security arrangements, and the physical location of the fund.

I am aware that Past Due Working Funds are subject to being taxable at 90 days from the date due to the TEES Fiscal Office. If taxed, the working fund custodian will still be responsible for the debt.

Working Fund Custodian Signature: _____ Date: _____

Department Approval: _____ Date: _____
Department Head or Designee Signature

Please email teesar@tamu.edu with any questions. Once complete, send form and any additional documentation to teesar@tamu.edu. Once approved by the Fiscal office, the Working Fund Custodian and Department Business contact will be emailed with the A/R and A/P disbursement details.

TEES Fiscal Office Approval: _____ Date: _____
TFO Controller Signature

TFO Accounts Receivable ONLY
A/R Cust. #: WF28 _____
A/R Inv #: _____ Due: ___/___/___
Forwarded to Dept & A/P: ___/___/___
by (initial): _____

TFO Accounts Payable ONLY
Account: 020085-1130
Vchr #: _____ Encmb: Y or N
By (initial): _____
Date Completed: ___/___/___