

EASTERN MICHIGAN UNIVERSITY

Agency Fund (Non-Student Org X-Fund) Guidelines

Last Revision: 12/7/2009

Definition of Agency Fund:

An Agency Fund consists of funds held by Eastern Michigan University as custodian or fiscal agent for others, such as student organizations. The fund is used to monitor revenues and expenses unrelated to University activities, such as Greek Life, Student Government, etc. Agency funds must follow all University spending policies. Sources of funds can be General Fee (campus life), fund raising (EMU related departments should utilize the Foundation for fund raising activities or request a Designated Fund for non-gift fund raising activities), private donations, etc. All funding sources generated from the University must be deposited to an Agency fund. All other funding sources (not generated from the University) may be deposited to either an Agency fund or an off campus private checking account not affiliated with EMU. However, once funds are deposited into an Agency fund, no matter where the funds originated from, distribution of funds must follow EMU's spending policies.

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Accounting Financial Services
212 Hover
Ypsilanti, MI 48197
Phone: 734-487-1321
Fax: 734-480-1043
busfin_generalaccounting@emich.edu

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Application Process to Obtain an EMU Fund

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- Organizations that receive funds from University sources are required to have an EMU Fund (X Fund) assigned by Accounting and the funds from the EMU department deposited directly into the EMU Fund.
- Complete an Agency Fund Application Form, see [example 1](#)
<http://www.emich.edu/controller/accounting/docs/AgencyFundApplicationrNonStuOrg.pdf>
- Submit the completed application to Accounting, located in 212 Hover Building.
- Accounting will assign the organization a unique Fund number (X#####)
- The Financial Manager, the main person responsible for the fund, must be a signer. Other signers are added at the discretion of the organization. It is recommended at least two individuals be listed as a signer as a signer may not approve their own expense.
- Changes to the Financial Manager and/or signers may be done by sending an email to Accounting requesting the changes to be made. The X-fund number should be referenced as well as the organizations name. The email should be from a current authorized signer on the fund. In the event all current authorized signers are no longer valid, the email should be from the President of the organization.
- Accounting will automatically close EMU assigned X Fund accounts that have no activity in the Fund for 730 days (2 years).
- EMU's Tax ID typically is not to be used for any reason by any organization. However, if you believe your organization can use EMU's tax ID, please contact Accounting to verify your organization is eligible to use EMU's tax ID.

Monthly Statements

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- Statements are usually available the 5th business day of each month.
- Organizations that have access to ePrint may obtain their statements by using the report FGRGLTA, General Ledger detail transact report.
- Organizations that do not have access to ePrint may obtain a statement by sending an email request or calling Accounting (see [Resources](#) for contact info). Reference organization fund X##### in the subject line. Email requests are sent as a PDF email attachment. Phone requests may be picked up in Accounting or emailed if an email address is provided. Please allow a minimum of 24 hours from the time of your request.

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Depositing Funds

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- All funds deposited into the organization's account may only be withdrawn through Eastern Michigan University's expense reimbursement, invoicing and / or purchasing procedures - <http://www.emich.edu/finserv/payable/acctpayreimbursement.htm>.

Depositing Cash and Checks

- Checks to be deposited should be made payable to: EMU/X#####
- A Deposit Voucher - <http://www.emich.edu/controller/sbs/docs/depositvoucher.pdf>, see [example 2](#), must be completed and taken to the University Cashiers office, located at 201 Pierce, for processing and must include:
 - Name of Organization
 - Name of person making the deposit & contact number
 - Fund Number: X#####
 - Revenue account code: L112
 - Description of deposit: Advertising, donations, dues, registration fees, T-shirts, etc.
- The cashier staff will verify the deposit and prepare a receipt.
- The organization must retain this receipt for verification against their financial statement.
- Deposited checks that are returned for any reason (i.e. account closed, insufficient funds etc.) will be charged back against the organization's account in the amount of the check in addition to a non-refundable \$20.00 processing fee.

Depositing Funds from EMU Departments

- Funds received from any EMU Department must be deposited into the organizations X fund.
- The organization should provide their X fund number to the Department providing the funding.
- The Department will complete an Inter-Department transfer form (see [example 5b](#)) and submit to accounting. Accounting will complete the transfer of funds from the Department to the Organization.
- An organization may choose to complete the form themselves and have the Department sign the form approving the transfer.
- The completed transfer form should be submitted to Accounting in 212 Hover.

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Purchasing Goods and Services

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- Fund balance must be sufficient to cover expense.
- All requests require an authorized signer as designated to Accounting. A signer may not approve a request for his/herself.
- Submit payment requests (see paying External Vendors, Internal Vendors, or Reimbursements below) to Accounting for processing.
- All payment requests should reference the fund number (X#####)
- No checks may be picked up. All payment requests must include a current mailing address for the check to be mailed. Please allow up to 10 business days for your payment request to be processed and for the check to be issued.
- Supporting documentation must be attached to all payment requests.
 - Original invoice or contract (no copies or faxes):
 - ❖ Must state vendor name & address on letterhead or stamp.
 - ❖ Must state an amount and description of the transactions.
 - ❖ Must be dated.
 - Original, dated receipts (no copies, faxes, or statements):
 - ❖ All receipts must be itemized.
 - ❖ Receipts from On-line purchases must show the complete company address, credit card type, amount paid and clearly state the item(s) purchased.
 - ❖ Credit card statements are not acceptable documentation.
 - ❖ Documents labeled as a “Statement” are not acceptable documentation.
 - ❖ Receipt must clearly indicate PAID by the vendor, for reimbursements.

Paying External Vendors (non-EMU Related)

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- To have EMU issue payment directly to an **external vendor** a Direct Pay form - <http://www.emich.edu/controller/payable/docs/DirectPay.pdf>, see [example 3](#), must be completed online and the following must be provided:
 - The Direct Pay Form must be completed and printed online.
 - Supporting Documentation, as noted above.
 - A completed W-9 Tax form - <http://www.emich.edu/controller/payable/docs/w9.pdf>, see [example 4](#), must be attached or on file for external vendors.
 - **Due to tax consequences, EMU will not reimburse Organizations that choose to pay for services themselves. Organizations are responsible for all IRS reporting regulations if they pay for services themselves.**
 - If the organization is giving an award to an individual, an Award Letter from the organization must be attached. This letter must specify the name of the award, how the award was earned, the recipient's name, EID or SSN, and address.

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Purchasing Goods and Services continued...

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Paying Internal Vendors (EMU Related)

- To have payment issued to an **internal vendor** (another organization or university department), the Inter-Department Transfer form - <http://www.emich.edu/accounting/docs/InterDepartmentTransfer.pdf> must be completed and supporting documentation as noted above provided, see [example 5a](#) for **PURCHASING** & [example 5b](#) for **PROVIDING** goods/services.

Reimbursements

- If an individual or the organization is seeking expense **reimbursement** on behalf of the organization, the Direct Pay form must be completed - <http://www.emich.edu/controller/payable/docs/DirectPay.pdf>, see [example 3](#), and attach supporting documentation as noted above, which clearly indicates PAID by the vendor. If the receipt does not clearly indicate PAID by the vendor, other documentation clearly showing the expense has been paid must be provided. Cancelled checks and credit card receipts are the most common form of documentation.
- The individual must include his/her EID number in the space provided on the Direct Pay form.
 - **Due to tax consequences, EMU will not reimburse Organizations that choose to pay for services themselves. Organizations are responsible for all IRS reporting regulations if they pay for services themselves.**
- Reimbursement checks will be available for distribution on the 10th and 25th of each month. In the event the 10th or 25th of the month falls on a weekend or University Holiday, the last business day before the 10th or 25th will become the date of distribution. Reimbursements received in Accounts Payable no less than 5 business days before the designated Reimbursement date will be available on the scheduled distribution date. Those received less than 5 business days before the Reimbursement date will be delayed until the following designated reimbursement date.
- There will be no reimbursements for payments of services. All services must be paid for directly by Eastern Michigan University following the external vendor payment process or paid for from a non-University account. If paid for with a non-University account, the Organization is fully responsible for all IRS reporting regulations.

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Forms for Managing your Fund may be obtained from:

- Accounting, 212 Hover
- Online Business and Finance forms - <http://www.emich.edu/busfin/forms.html>
 - Agency Fund Application form – <http://www.emich.edu/controller/accounting/docs/AgencyFundApplicationNonStuOrg.pdf>
 - Inter Department Form - <http://www.emich.edu/controller/accounting/docs/InterDepartmentTransfer.pdf>
 - Direct Pay form - <http://www.emich.edu/controller/payable/docs/DirectPay.pdf>
 - W-9 Tax form - <http://www.emich.edu/controller/payable/docs/w9.pdf>
 - Deposit Vouchers - <http://www.emich.edu/sbs/docs/depositvoucher.pdf> (also available at Cashiers Office 201 Pierce)
- Allowable Expense Reimbursement Guidelines - <http://www.emich.edu/finserv/payable/acctpayreimbursement.htm>

Computer Access

- There are two public use computers located on the 1st floor of Hover Building that may be used to complete the forms. Simply open the “Student Organization Forms” folder and locate the proper form in the list. The shortcut will take you directly to the form.

For questions and assistance with your Fund contact:

Accounting

Lillian Tusson

212 Hover

Direct Line: 734-487-1440

ltusson@emich.edu

General Line: 734-487-1321

busfin_generalaccounting@emich.edu

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Example 1 - Application

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EMU Agency Fund Application

Last Revised 8/21/2009

DATE: _____

****The following information (please print) is required before a fund is established****

Name of Organization: _____

Name of Org. contact: _____ Phone number: _____

Organization's campus mail address: _____

How will revenue be generated? _____

How will funds be utilized? _____

PRINT NAMES of Authorized signers:

Title/Position	Name	EID
Financial Manager		
Signer		
Signer		
Signer		
Signer		

Financial Managers campus phone & mail address: _____

Financial Managers signature: _____

Please forward **completed application** to:

Accounting Department, 212 Hover or email to

busfin_generalaccounting@emich.edu

The fund will be officially opened upon receipt of the first deposit.

****No disbursement can be made from the fund in excess of the fund balance.****

DO NOT WRITE IN BOX – FOR ACCOUNTING PURPOSES ONLY

Received by: _____	Approved by: _____	Completed by: _____
Received Date: _____	Approved Date: _____	Completed Date: _____
Fund Number: _____	Comments: _____	

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Example 2 – Deposit

Eastern Michigan University Deposit Voucher					
Department: Organization Name			Date: Todays Date		
Fund	Org	Account	Program	Description	Amount
X#####		L112		Description of deposit. This will show on your statement.	dollar amount
				List each check/item separately	
				Account Total	\$ Total deposit -
				Currency/Coin	Total deposit in cash
				Checks	Total deposit in checks
				Credit Cards	
				Grand Total	\$ Total deposit -

Preparer: Preparers name **Signature:** Preparers signature
Phone: Preparers contact number **Address:** Org address
Check One: Hold Receipt for Pick-up Mail Receipts to Address Above

This form was received by SBS on: _____
Cashier's Signature: _____

Additional Instructions:
*Complete this form in it's entirety. For questions, please call 487-3333.
*Please write the account number on the front of all checks.
*If you would like a copy of this form with a cashier's signature for your records, you will need to present 2 copies to the Cashier's Office when dropping off the deposit.

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[\(return to reimbursement\)](#)

Example 3 – Direct Pay

20090723140145		EASTERN MICHIGAN UNIVERSITY			Reset	
Complete on-line to receive a unique tracking number.		Direct Pay			Print	
Please fill out ALL information and submit to the Accounts Payable Department for approval. If you have any questions, please call 734-487-0022 for assistance.						
Vendor Name:	Name of vendor to be paid				Smart or Eagle ID:	EID# for reimbursements
Street Address:	Mailing Address check to be mailed to			City:	State/Zip Code:	
Phone:				Fax Number:		
Fund Code	Orgn Code	Account Code	Activity Code	Commodity Code	Split Amount	
X#####	000000	L118				
			(if needed)			
			(if needed)			
Total Amount						
Invoice Date						
Invoice Number						
Amount						
Total Amount						
Description and Reason for Purchase						
Enter description and reason for purchase here.						
Note: vendor street address, city, state/zip code, fund code, orgn code, and account code are required for form to print						
Department:	Name of Organization					
Department Address:	Address of Organization					
Contact Person:						
Contact Phone:						
Date:						
Authorized Printed Name:						
Authorized Signature:						
Authorized Printed Name:						
Authorized Signature:						
Student Organizations (X funds) require two authorized signatures.						
Accounting Signature:						
Date:						
Invoices submitted for payments not in accordance with University policies will be considered a personal expense for the individual placing the order with the vendor and will not be paid.						
Original invoice must be attached to this form. If you only have a statement, please contact the vendor and obtain an invoice.						
* Whenever possible, employees are encouraged to use the University Purchasing Card.						
* This form is only to be used if the department has received the merchandise and payment needs to be made.						
* Valid for purchases of \$1,000 and under						
* Does not apply to "X" funds.						

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Example 4 – W9

<p>Form W-9 (Rev. October 2007) Department of the Treasury Internal Revenue Service</p>	<p>Request for Taxpayer Identification Number and Certification</p>	<p>Give form to the requester. Do not send to the IRS.</p>									
<p>Print or type See Specific Instructions on page 2.</p>	Name (as shown on your income tax return)										
	Business name, if different from above										
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶										
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)									
	City, state, and ZIP code										
List account number(s) here (optional)											
Part I Taxpayer Identification Number (TIN)											
Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.											
		<table border="1" style="margin: auto;"> <tr><td style="text-align: center;">Social security number</td></tr> <tr><td style="text-align: center;"> </td></tr> <tr><td style="text-align: center;"> </td></tr> <tr><td style="text-align: center;"> </td></tr> <tr><td style="text-align: center;">or</td></tr> <tr><td style="text-align: center;">Employer identification number</td></tr> <tr><td style="text-align: center;"> </td></tr> <tr><td style="text-align: center;"> </td></tr> <tr><td style="text-align: center;"> </td></tr> </table>	Social security number				or	Employer identification number			
Social security number											
or											
Employer identification number											
<p>Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.</p>											
Part II Certification											
Under penalties of perjury, I certify that:											
1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and 3. I am a U.S. citizen or other U.S. person (defined below).											
<p>Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.</p>											
Sign Here	Signature of U.S. person ▶	Date ▶									
General Instructions											
Section references are to the Internal Revenue Code unless otherwise noted.											
Purpose of Form											
A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.											
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:											
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued), 2. Certify that you are not subject to backup withholding, or 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.											
<p>Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.</p>											
<p>Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:</p> <ul style="list-style-type: none"> • An individual who is a U.S. citizen or U.S. resident alien, • A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, • An estate (other than a foreign estate), or • A domestic trust (as defined in Regulations section 301.7701-7). <p>Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.</p> <p>The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:</p> <ul style="list-style-type: none"> • The U.S. owner of a disregarded entity and not the entity, 											
Cat. No. 10231X	Form W-9 (Rev. 10-2007)										

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Example 5a – Purchasing Goods/Service from an EMU Department

EASTERN MICHIGAN UNIVERSITY	
Inter-Department Purchase	
<input checked="" type="checkbox"/> Purchase of Goods & Services <input type="checkbox"/> Expense Transfer	<div style="border: 1px solid gray; padding: 2px; display: inline-block;">Reset</div> <div style="border: 1px solid gray; padding: 2px; display: inline-block;">Print</div>
Please fill out ALL information and forward to the department providing the goods and services.	
Department Purchasing Goods or Services:	
Fund/Orgn Name:	Name of Organization
Fund Code:	X#####
Orgn Code:	000000
Account Code:	L118
Dollar Amount:	
Department Providing Goods or Services:	
Fund/Orgn Name:	Name of department providing goods or services
Fund Code:	Departments fund number (1 alpha + 5 digits)
Orgn Code:	Departments organization number (6 digits)
Account Code:	4 digit account code
Dollar Amount:	
Contact:	Contact Name for Organization
Phone:	Contact Phone Number for Organization
Date (mm/dd/yyyy):	
Auth. Signature:	
Date (mm/dd/yyyy):	
Auth. Signature:	
Date (mm/dd/yyyy):	
Contact:	Department contact name
Phone:	Department contact phone number
Date (mm/dd/yyyy):	
Student Organizations (X Funds) require two authorized signatures.	
Describe in detail the goods or services you would like to acquire:	
Description of goods or services being purchased	
Total costs not authorized to exceed _____	
Reference Numbers:	
Other (Specify):	
Journal Entry Number:	
Department providing goods or services use only:	
Est. Delivery Date:	Estimated Cost:
Act. Delivery Date:	Actual Cost:
Completed By:	Date Completed:
Additional Information:	
General Accounting Hover Building Phone: 734.487.3328 Fax: 734.480.1043	

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Example 5b – Providing Goods/Service to an EMU Department

EASTERN MICHIGAN UNIVERSITY																							
Inter-Department Purchase																							
<input checked="" type="checkbox"/> Purchase of Goods & Services Reset																							
<input type="checkbox"/> Expense Transfer Print																							
Please fill out ALL information and forward to the department providing the goods and services.																							
<table border="0" style="width: 100%;"> <tr> <td style="width: 50%; vertical-align: top;"> Department Purchasing Goods or Services: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;">Fund/Orgn Name:</td><td>Name of department purchasing goods or services</td></tr> <tr><td>Fund Code:</td><td>Departments fund number (1 alpha + 5 digits)</td></tr> <tr><td>Orgn Code:</td><td>Departments organization number (6 digits)</td></tr> <tr><td>Account Code:</td><td>4 digit account code.</td></tr> <tr><td>Dollar Amount:</td><td></td></tr> </table> </td> <td style="width: 50%; vertical-align: top;"> Department Providing Goods or Services: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;">Fund/Orgn Name:</td><td>Name of Organization</td></tr> <tr><td>Fund Code:</td><td>X#####</td></tr> <tr><td>Orgn Code:</td><td>000000</td></tr> <tr><td>Account Code:</td><td>L112</td></tr> <tr><td>Dollar Amount:</td><td></td></tr> </table> </td> </tr> </table>		Department Purchasing Goods or Services: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;">Fund/Orgn Name:</td><td>Name of department purchasing goods or services</td></tr> <tr><td>Fund Code:</td><td>Departments fund number (1 alpha + 5 digits)</td></tr> <tr><td>Orgn Code:</td><td>Departments organization number (6 digits)</td></tr> <tr><td>Account Code:</td><td>4 digit account code.</td></tr> <tr><td>Dollar Amount:</td><td></td></tr> </table>	Fund/Orgn Name:	Name of department purchasing goods or services	Fund Code:	Departments fund number (1 alpha + 5 digits)	Orgn Code:	Departments organization number (6 digits)	Account Code:	4 digit account code.	Dollar Amount:		Department Providing Goods or Services: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 20%;">Fund/Orgn Name:</td><td>Name of Organization</td></tr> <tr><td>Fund Code:</td><td>X#####</td></tr> <tr><td>Orgn Code:</td><td>000000</td></tr> <tr><td>Account Code:</td><td>L112</td></tr> <tr><td>Dollar Amount:</td><td></td></tr> </table>	Fund/Orgn Name:	Name of Organization	Fund Code:	X#####	Orgn Code:	000000	Account Code:	L112	Dollar Amount:	
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Fund/Orgn Name:	Name of department purchasing goods or services																						
Fund Code:	Departments fund number (1 alpha + 5 digits)																						
Orgn Code:	Departments organization number (6 digits)																						
Account Code:	4 digit account code.																						
Dollar Amount:																							
Fund/Orgn Name:	Name of Organization																						
Fund Code:	X#####																						
Orgn Code:	000000																						
Account Code:	L112																						
Dollar Amount:																							
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Student Organizations (X Funds) require two authorized signatures.																							
Describe in detail the goods or services you would like to acquire: Description of the goods or services being provided to the department. This form is also used for departments providing funding to organizations.																							
Total costs not authorized to exceed _____																							
Reference Numbers: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Other (Specify):</td><td></td></tr> <tr><td>Journal Entry Number:</td><td></td></tr> </table>		Other (Specify):		Journal Entry Number:																			
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Department providing goods or services use only: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 50%;">Est. Delivery Date:</td><td></td><td style="width: 50%;">Estimated Cost:</td><td></td></tr> <tr><td>Act. Delivery Date:</td><td></td><td>Actual Cost:</td><td></td></tr> <tr><td>Completed By:</td><td></td><td>Date Completed:</td><td></td></tr> </table>		Est. Delivery Date:		Estimated Cost:		Act. Delivery Date:		Actual Cost:		Completed By:		Date Completed:											
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Act. Delivery Date:		Actual Cost:																					
Completed By:		Date Completed:																					
Additional Information: <div style="float: right; text-align: right; margin-top: 20px;"> General Accounting Hover Building Phone: 734.487.3328 Fax: 734.480.1043 </div>																							