



## Agency Fund 900 Request Form

Prepare this form after reading the [Agency Fund 900 Policy and Procedures](#) and submit the completed form to Controller's Office, 110 Carlotti Administration Bldg. Kingston

### Proposed Agency Fund Information

Agency Fund Title: \_\_\_\_\_

Name of Agency/Sponsor: \_\_\_\_\_

Contact Name & Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Purpose of Agency Fund - Explain circumstances which create a need for this agency fund:

Explain how the money will be received, types of income and what kind of expenditure will be appropriate for this fund:

### URI Responsible Person Information:

Name & Title:

Department:

Phone:

Email:

[Chartfield Create Form](#) attached Agency Agreement attached [Signature Authorization Form](#) attached

I have read the Agency Fund 900 Policy and Procedures and will administer this fund in accordance with Federal, State, Agency and University policies.

Responsible Person

Approval by Department Head, Dean, VP or President

#### Controller's Office Use Only:

Approval for Setup: \_\_\_\_\_ Forwarded to Budget Office: \_\_\_\_\_

Chartfield String: \_\_\_\_\_