



HEALTH SCIENCE CENTER

Extension of Credit Request

Date: _____ Department Code: _____ Department Name: _____

FAMIS Account Number: _____ (One account per request)

The department listed above is requesting the authorization to Extend Credit per System Regulation 21.01.04 which states:

Authorization for an extension of credit operation at the Texas A&M HSC (HSC) is delegated to the CFO of the System member extending credit. Written documentation maintained by the CFO should explain the circumstances allowing for an extension of credit and confirm that the operation meets the constitutional test of being in the best interest of the HSC and for the public good of the State of Texas.

1. Provide a detailed description of the operation requiring a credit extension.

2. Estimate the duration of the extension of credit operation.

3. The public purpose served by this extension of credit is: (Check all that apply)

To allow the department to conduct its operations in a more efficient way.

To create administrative cost savings and/or that the benefits of extending credit exceed the costs.

Other: _____

4. Payment for the sale of goods and services on credit is expected within thirty (30) days. Special circumstances requiring the extension of credit for longer than thirty (30) days must be disclosed. If this circumstance is not known at this time, it must be reported as soon as it is known to pcadena@tamhsc.edu so it can be routed to the CFO. Please attach a separate letter explaining your special circumstance if applicable.

5. If receivables will not be reported in FAMIS monthly, you will need to maintain a monthly report of receivable billings and collections, including an aging of outstanding accounts receivables balances and a reconciliation of individual account balances to the controlling general ledger balance.

Certification:

I confirm that I have read and understand Texas A&M University System regulation 21.01.04, Extension of Credit.

I confirm that I have read and understand TAMHSC's internal policy 21.01.04.Z1.01, Identity Theft Prevention Program (Red Flag Rule).

I confirm that my department has written procedures for extending credit including collection procedures and all employees involved with this operation are familiar with the procedures and the above listed regulation and program.

I have attached a copy of my department's procedures.

Department Head or Designee Signature Printed Name Date

F&A Use Only:

Reviewed: A/R Assistant Financial Mgr _____ Director for Fiscal Svcs _____ Asst. VP for Fiscal Svcs & Budgets _____

Approved Denied by CFO/Designee _____