

# The A&M System HSC Request for New FAMIS Account

Account Title: \_\_\_\_\_

Responsible Person: \_\_\_\_\_

Allow Support Accounts (Y or N)? \_\_\_\_\_

Function: Please check the one that you think best classifies what the funds will be spent on:

- |          |                  |          |                               |
|----------|------------------|----------|-------------------------------|
| _____ 10 | INSTRUCTION      | _____ 35 | INSTITUTIONAL SUPPORT         |
| _____ 15 | RESEARCH         | _____ 40 | OPERATION & MAINT OF PLANT    |
| _____ 20 | PUBLIC SERVICE   | _____ 50 | MAJOR REPAIR & REHABILITATION |
| _____ 25 | ACADEMIC SUPPORT | _____ 60 | SCHOLARSHIPS & FELLOWSHIPS    |
| _____ 30 | STUDENT SERVICE  | _____ 70 | AUXILIARY                     |

Primary Dept Code: \_\_\_\_\_ Sub Dept (if any): \_\_\_\_\_ Mail Stop 1: \_\_\_\_\_

Secondary Dept Code: \_\_\_\_\_ Sub Dept (if any): \_\_\_\_\_ Mail Stop 2: \_\_\_\_\_

Source of Funds: \_\_\_\_\_  
(Gifts, Donor Name, Sales/Services, Participant Fees, Transfers with acct #, etc.)

**\*\*\*If source of funds is a gift or donation, please attach Gift Account Information Form.\*\*\***

Purpose of Account (Attach documentation if available): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Types of Expenditures (Salaries, supplies, etc.): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Requested by: \_\_\_\_\_  
(Authorized Signature) (Print Title)

\_\_\_\_\_ (Print Name) Date: \_\_\_\_\_

Dept. Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Please return this sheet and any other correspondence regarding this account to Debbie Elbrich, Finance & Administration, MS1361 or Laserfiche folder tamhsc\9.0 In-Boxes\FAMIS New Account Request Forms. Please direct questions to [elbrich@tamhsc.edu](mailto:elbrich@tamhsc.edu).

New Account # \_\_\_\_\_