

The rising STAR of Texas

New Operating Fund Request

To request the creation of an operating fund for a new revenue stream (excluding gifts or grants), such as fees, sales, and services, please complete the below form.

| Account informati | on: | | | | |
|--|------------------|--------------------------------|------------------|-------------|--|
| Revenue Stream Description | 1 | | | | |
| Effective Date | | | | | |
| Fund Name | | | | | |
| | Type | Descri | otion | Amount | |
| | Sales & Services | | | | |
| Source of Funds | Fees | | | | |
| | Other | | | | |
| Nature of Income-generatin Activity | | Recurring | | | |
| | Cost Center Nur | nber | Cost Center Name | | |
| Link to Existing | | | | | |
| Cost Center(s) | | | | | |
| | | | | | |
| | | lease also submit a <u>Nev</u> | | <u>st</u> . | |
| Which alternativ | • | Cost Center | Fund | | |
| account is to be use the event of a defice | | | | | |
| | - | | | | |
| Account Manager | Information: | | | | |
| Name | | | | | |
| NetID | | | | | |
| Title | | | | | |
| Department | | | | | |
| Phone | | | | | |
| Dean/Director/AVP | | | | | |
| Requester Informa | ition: | | | | |
| Name | | | | | |
| NetID | | | | | |
| Phone | | | | | |

The Account Manager is responsible for the funds in this account and ensuring it is managed consistent with all applicable policies and regulations.

Signature Approvals:

New income-generating funds must be approved by the division head (non-academic departments) or academic dean (academic departments).

| | Signature | Date |
|----------------------|-----------|------|
| Account Manager | | |
| Chair/Director | | |
| Dean/Associate VP | | |
| Vice President | | |
| Budget Office | | |

Submit completed request forms to the **Office of Budgeting**, **Financial Planning & Analysis** at budget@txstate.edu.