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Financial Management Operations

TEXAS A&M UNIVERSITY

FISCAL REQUEST

(Submit original copy only)

BU

Date: 09/01/2005

Fiscal Year:

The Department of: requests allocation of as indicated below.

ACCOUNT TITLE	SUBSIDIARY OR GENERAL LEDGER NUMBER	AMOUNT	OBJECT CODE
A: Allocation of Funds to:			
Email:			
B: Source of Funds			
Email:			
C: Justification:			

Submitted By:

(Dept. Head/Dir. or as authorized on form 860 - Name)

Original Signature Required

Dept. Head/Dir. or as authorized on form 860 - Signature

Contact Person: Phone: Email:

Approval Recommended: Original Signature Required

(Dean, Provost or VP)

Approved: Original Signature Required

(President)

Approval Recommended: Original Signature Required

(Vice President for Finance and Controller)

Approved: Original Signature Required

(Chancellor)