

**Prairie View A&M University**  
**Account Profile and Electronic Document Routing**

New Account  
 Existing Account Reason for update \_\_\_\_\_

Account Title \_\_\_\_\_ Date \_\_\_\_\_ Account Number \_\_\_\_\_

**Purpose:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Is this account primarily for research activities?  Yes  No  
 Will this account generate income from the sale of goods or performance of services  Yes  No  
 Is this activity regularly carried on?  Yes  No

**Source of Income:**

<input type="checkbox"/> Available University Fund	<input type="checkbox"/> Federal Appropriations	<input type="checkbox"/> IDC	<input type="checkbox"/> Sales and Services
<input type="checkbox"/> Bond Proceeds	<input type="checkbox"/> Fees	<input type="checkbox"/> Interest On Time Deposits	<input type="checkbox"/> State General Revenue
<input type="checkbox"/> Designated Tuition	<input type="checkbox"/> Gifts or Donations	<input type="checkbox"/> Investment Income	<input type="checkbox"/> Student Fee Revenue
<input type="checkbox"/> Earnings on Bond Proceeds	<input type="checkbox"/> Grad. Incremental Tuition	<input type="checkbox"/> Miscellaneous Sources	<input type="checkbox"/> Transfer from Another Acct
<input type="checkbox"/> Earnings on Endowments	<input type="checkbox"/> Grant or Contract	<input type="checkbox"/> OCR	<input type="checkbox"/> Other
	<input type="checkbox"/> Royalties		Description _____

**Expenditure Restrictions:**

(All funds are to be expended within the Statutes of the State of Texas and the Texas A & M System Board of Regents' Rules and Regulations)

**Account Manager:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Title: \_\_\_\_\_ Email: \_\_\_\_\_  
 UIN: \_\_\_\_\_

I hereby acknowledge responsibility for activity on FAMIS belonging to this account. In addition, I accept designation as Accountable Property Officer and assume accountability for the assets belonging to this account. I understand I am under financial liability for loss or damage to the property in this department if the loss or damage results from my negligence, intentional act, or failure to exercise reasonable care to safeguard, maintain and service the items.

Signature of Account Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Responsible Person : \_\_\_\_\_  
 (Print Name)

Authorized Account Manager Signatures: (Must include a backup signer)

1. _____ Signature	2. _____ Signature	3. _____ Signature
_____ Print or Type Name	_____ Print or Type Name	_____ Print or Type Name

\_\_\_\_\_  
Department Head Date

\_\_\_\_\_  
Dean or Other Division Head Date

\_\_\_\_\_  
Vice President Date

Approved:

\_\_\_\_\_  
Vice President for Business Affairs or Designee Date

**(Over for Electronic Document Routing)**

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

Account Number: \_\_\_\_\_

**Section A: Blanket Routing For All Documents** \*\*Only fill out the Blanket Routing Section if this pattern will follow all electronic routing for your department. If the same patterns do not apply for each section, then fill out sections B through E.

**Creators (Must include a backup creator)**

**Signers (Must include a backup signer)**

1. Name \_\_\_\_\_ UIN \_\_\_\_\_

1. Name \_\_\_\_\_ UIN \_\_\_\_\_

2. Name \_\_\_\_\_ UIN \_\_\_\_\_

2. Name \_\_\_\_\_ UIN \_\_\_\_\_

3. Name \_\_\_\_\_ UIN \_\_\_\_\_

3. Name \_\_\_\_\_ UIN \_\_\_\_\_

**Section B: Electronic Budget Transfers (EBT)**

**Creators (Must include a backup creator)**

**Signers (Must include a backup signer)**

1. Name \_\_\_\_\_ UIN \_\_\_\_\_

1. Name \_\_\_\_\_ UIN \_\_\_\_\_

2. Name \_\_\_\_\_ UIN \_\_\_\_\_

2. Name \_\_\_\_\_ UIN \_\_\_\_\_

3. Name \_\_\_\_\_ UIN \_\_\_\_\_

3. Name \_\_\_\_\_ UIN \_\_\_\_\_

**Section C: Electronic Payroll Action (EPA)**

**Creators (Must include a backup creator)**

**Signers (Must include a backup signer)**

1. Name \_\_\_\_\_ UIN \_\_\_\_\_

1. Name \_\_\_\_\_ UIN \_\_\_\_\_

2. Name \_\_\_\_\_ UIN \_\_\_\_\_

2. Name \_\_\_\_\_ UIN \_\_\_\_\_

3. Name \_\_\_\_\_ UIN \_\_\_\_\_

3. Name \_\_\_\_\_ UIN \_\_\_\_\_

**Section D: Procurement Card (Procard)**

**Creators (Must include a backup creator)**

**Signers (Must include a backup signer)**

1. Name \_\_\_\_\_ UIN \_\_\_\_\_

1. Name \_\_\_\_\_ UIN \_\_\_\_\_

2. Name \_\_\_\_\_ UIN \_\_\_\_\_

2. Name \_\_\_\_\_ UIN \_\_\_\_\_

3. Name \_\_\_\_\_ UIN \_\_\_\_\_

3. Name \_\_\_\_\_ UIN \_\_\_\_\_

**Section E: Purchasing**

**Creators (Must include a backup creator)**

**Signers (Must include a backup signer)**

1. Name \_\_\_\_\_ UIN \_\_\_\_\_

1. Name \_\_\_\_\_ UIN \_\_\_\_\_

2. Name \_\_\_\_\_ UIN \_\_\_\_\_

2. Name \_\_\_\_\_ UIN \_\_\_\_\_

3. Name \_\_\_\_\_ UIN \_\_\_\_\_

3. Name \_\_\_\_\_ UIN \_\_\_\_\_