New Agency Account Request Form

Office of Financial Management
2200 Bonforte Blvd
Pueblo, CO 81001

Department Number _____

Department Name _____

Department Contact (person responsible to make sure the funds are spent according to contract/agreement) this is normally the person who will be the Fiscal Officer on the account _____

Proposed Account Title: _____

Agency Name: _____

Justification (why does this account need to be created) _____

How will this money be received? _____

What can it be used on (must match contract/agreement)? _____

What is the anticipated end date of the funding? If there isn't one, is this because it is anticipated it will always be funded? _____

Have you attached the contract/agreement to the KFS document? NOTE: Account will not be approved unless there is a contract/agreement attached. _____

NOTE: Please attach any documentation that relates to the agency - MOU, contract, emails,

Approval Signatures: (Please sign and print name)			
Originator	*(Print Name)*	*(Signature)*	*Date*
Fiscal Officer	*(Print Name)*	*(Signature)*	*Date*
Dept. Head or Director	*(Print Name)*	*(Signature)*	*Date*