

New Agency Account Request Form



Office of Financial Management
2200 Bonforte Blvd
Pueblo, CO 81001

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 Contractual/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, e-mails

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

OFM (Print Name) Signature Date