

New Agency Account Request Form



Business & Financial Services
 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
Business Financial Services	(Print Name)	Signature	Date