Index Request Form

Non-Student Organization/Conference

(Please print the following information)

Organization: ____________________________________________________________

Requestor’s Name:________________________________________________________

This request must be read and approved by the person responsible for the organization or conference before an index number will be established. Please read carefully each of the bulleted items below and if there are any questions, please contact the Accounting Office, x8173. Once this form is completed and returned to the Accounting Office, an index number will be established. Once the index number is established, it will be entered at the bottom of this form and a copy of this form will be sent back to the responsible party.

The following are requirements for maintaining this index:

• Monthly Budget Reports are distributed at the beginning of each month to the person responsible for the index. This person is to thoroughly review these reports to ensure the accuracy of entries and the balance of the index.

• All check requests MUST have two signatures. The person responsible for the index and another person associated with the organization/conference should sign. If you are the only person associated with this organization/conference on campus, please forward your check request to Tammy Hicks, Controller’s Office, to ensure the request is not returned to you from the Accounts Payable Department because only one signature is on the request.

• If the index should fall into a deficit, a deficit letter will be sent to the responsible person and the deficit must be cleared ASAP. If there are special circumstances creating the deficit, please contact the Accounting Office, x8173, with this information. The Accounting Office will monitor your index to ensure the deficit clears at the time you have specified. **If you do not respond to a deficit letter, your index could be inactivated.**

• When there is a responsible person change, please contact the Accounting Office with the name and address of the new responsible person.

• When there is no longer a need for the index number, please contact the Accounting Office to request an index termination. The balance of the index must be –0- before the termination can occur and the Monthly Budget Report is removed from distribution.

As the responsible person for the above organization or conference, I have read and understand the responsibilities required of me.

______________________________________________    ______________________
Signature                   Date

The Accounting Office has established Index No.______________ for your organization.