Medical College of Georgia
Request to Establish An Agency Account

Name of Account: _____

Type of Organization/Activity: _____

Purpose of the Organization/Activity: _____

_____

Name of Person Responsible for Organization/Activity: _____
MCG Address: _____ MCG Ext: _____

If different from above, name of person(s) who are authorized to request disbursements:

_____

Funds receipted into account will be obtained from (i.e. registration fees):

_____

Is this account being established for a specific event?: ○ Yes ○ No
If yes, date of the event: _____

At the conclusion of the event for which the account was established, indicate what should be done with any balance remaining in the account: _____

_____

Provide the following information if a check is to be prepared:
Check Payable to: _____
Mail Check to: _____

_____

If this Agency account will remain active for an indefinite length of time, there must be a provision describing the disposition of the balance in the account if the organization, or activity for which the fund was created, becomes inactive or no longer is needed. Describe the policy for the disposition for the balance of the funds: _____

_____

If this agency account is in a deficit balance what department number should be charged?: _____

_____

Describe additional items, conditions, or instructions for administering the agency account: _____

_____

Signature: _____ Date: _____

MCG Address: _____ Phone Number: _____

Business Office Use Only

Approved By: _____ Date: _____

Account Number: _____

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