

NORTH CAROLINA STATE UNIVERSITY
REQUEST/AUTHORITY TO ESTABLISH RECEIPT CENTER

Date of Request _____

Departmental OUC (s) _____

Campus Location of Receipt Center _____

Name and Campus Address of Primary Individual Responsible for Receipt Center:

Name and Campus Address of Individual (s) Responsible for Collecting and Depositing Receipts:

<u>Name</u>	<u>Campus Address</u>
_____	_____
_____	_____
_____	_____

(Use reverse side of form if necessary for additional names)

State the Need for a Receipt Center

Accounts/Activities and General Sources of Receipts Collected at This Receipt Center:

<u>Account/Activity</u>	<u>Source of Receipts</u>
_____	_____
_____	_____
_____	_____

(Use reverse side of form or attach a supplemental page to list additional accounts)

I request the establishment of a Receipt Center as described above. If approved, the operation of the Receipt Center will comply with the Procedures and Controls for Receipt Centers.

Signature _____ Date _____
Title _____ Telephone No. _____