

AGENCY SPECIAL ACCOUNT APPLICATION

ASA Number

Agency Number

700 Fund Number

The _____ hereby requests authority to maintain an "Agency Special Account (700 Fund)" as authorized under the provisions of Title 62, O.S. Section 7.2, for the following purpose(s):

- Benefit programs for individuals, i.e., unemployment compensation, workers compensation, state retirement programs, etc.
- Revenues produced by activities or facilities ancillary to the operation of a state agency, i.e., sales of food at retail level, canteen sales, student union sales, student bookstore sales, housing receipts., athletic receipts., etc.
- Gifts, devises, and bequests with the agency as beneficiary, not otherwise provided by statute
- Evidence funds for law enforcement
- Student loan funds, scholarship funds, fees from employee earnings approved by the governing board of the agency, funds, held in escrow, land Commission funds, student organization funds, including student activity fees collected by an education institution as a separate item of enrollment, professional organization funds, patient and inmate funds, other funds for which the agency acts as a custodian.
- Temporary account for funds arising from new or amended legislation not otherwise provided for in statute or for other emergency situations.

DESCRIBE: (Name of Agency Special Account (700 Fund)):

Enter other justification and pertinent information for establishment of an agency special account (700 Fund): _____

ESTIMATED INCOME TO AGENCY SPECIAL ACCOUNT BY MAJOR SOURCE

Description of Source	OMES Revenue Account	Estimated Annual Receipts
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$

Funds deposited in the agency special account (700 Fund) hereby requested would be expended, transferred, invested, refunded, or otherwise disbursed as follows:

Description of Major Disbursements	OMES Expend. Account Code	Estimated Annual Amount
1.		\$
2.		\$
3.		\$
4.		\$
5.		\$

SIGNATURE OF AGENCY HEAD

DATE

AGENCY'S CONTROLLING BOARD APPROVAL

DATE

SIGNATURE OF CHANCELLOR FOR HIGHER EDUCATION
OR VICE-CHANCELLOR OF FINANCE

DATE

For use by Special Agency Account Board only:

Account approved conditionally for 60 days -]

DIRECTOR OF OMES

DATE

Board Action on Request -] Approved,] Disapproved,] Approved Conditionally

Account Numbers Assigned:

Board Comments:

Attach Additional page if needed

Director of State Finance _____

State Treasurer _____

Director of Legislative Service Bureau _____

Date _____

Under the provisions of Title 62, O.S. Section 7.2, the following person(s) is(are) hereby authorized to approve Agency Special Account (700 Fund) expenditures for this agency:

NAME _____ TITLE _____ FACILITY _____

Person Authorized (Type or Print)

Signature of Person Authorized Above

DATE

Person Authorized (Type or Print)

Signature of Person Authorized Above

DATE

Person Authorized (Type or Print)

Signature of Person Authorized Above

DATE

Person Authorized (Type or Print)

Signature of Department Head

DATE

Signature of Chairman of Controlling Board

DATE

Attach an additional page if needed