



**REQUEST FOR AGENCY/CLEARING**

AS502

Add      Update      Delete

Company	
Cost Center Hierarchy	
Cost Center	Cost Center ID
Organization Name	
Address of Organization	
Organization Federal Tax ID # (if applicable)	

Purpose of \_\_\_\_\_

Source of Funding \_\_\_\_\_

Function \_\_\_\_\_

Fringe Benefits      Fringe Benefit Rate \_\_\_\_\_

Suggested Name of \_\_\_\_\_

Requested Term of \_\_\_\_\_ through \_\_\_\_\_

Contact (Responsible for administering funds) \_\_\_\_\_

Contact Email \_\_\_\_\_ Phone \_\_\_\_\_

Relationship of Contact to Organization \_\_\_\_\_

Instructions for disposition of funds remaining at termination date \_\_\_\_\_

Approved by:

\_\_\_\_\_  
 Dean/Unit Director      Printed Name      Date

**FOR ACCOUNTING SERVICES USE ONLY**

Agency/Clearing Name \_\_\_\_\_

Agency/Clearing ID AG \_\_\_\_

Processed by \_\_\_\_\_ Date \_\_\_\_\_

AS502, "REQUEST FOR AGENCY /CLEARING WORKTAG"  
INFORMATION SHEET