



Unit requesting permission must select one agency
A separate request must be submitted for each agency.

EXTENSION OF CREDIT REQUEST

Research – 06
 Extension - 07
 TVMDL - 20

DATE: _____ ← Date unit requests permission

TO: Texas A&M AgriLife
Cash Management Office

FROM: _____
Name and Address of unit making request

(1) I am requesting authorization to establish credit sales and extend credit within the following department: _____
 Department/unit and/or specific operation with the department which will generate the goods/services for which credit will to be extended

(2) This authorization is to be for the following time period: (Check one)
 ___ From _____ To _____
 ___ Indefinite time period
← Select whether authorization is being requested for a specific period or as an ongoing operation

(3) I expect average monthly credit sales not to exceed: \$ _____
← Estimate of average monthly credit

(4) I expect aggregate credit sales not to exceed: \$ _____
← Estimate of total receivable transactions for the program

(5) Anticipated write-offs are: \$ _____
← Any anticipated write-offs

(6) The public purpose served by this extension of credit is: (Check all that apply)

___ (a) To avoid loss due to spoilage/deterioration of product

___ (b) To sell a unique, limited market research or educational product in a wider area.

___ (c) The extension of credit will allow the agency to conduct its operations in a more efficient way.

___ (d) Other: _____

Reason(s) why the department believes it need to be able to extend credit.
 Check all that apply.

Departmental Approval

Signed _____

Title _____

Date _____

Dept/Unit _____

Signature & title of person authorizing request for this department/unit.
 Preferably Department or Unit Head

Fiscal Office Approval

Signed _____

Title _____

Date _____

FISCAL OFFICE USE ONLY

 Copy will be returned to department after approval