



TEXAS A&M UNIVERSITY
CORPUS CHRISTI

EXTENSION OF CREDIT REQUEST

DATE: _____

TO: TAMUCC Comptroller’s Office FROM: _____

(1) I am requesting authorization to extend credit within the following department (include FAMIS department code and provide detailed description of the operation requiring a credit extension)

(2) This authorization is to be for the following time period: (Check One)

From _____ TO _____

Indefinite Time Period

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

(4) I expect aggregate credit sales not to exceed: \$ _____

(5) Anticipated Write Offs are: \$ _____

(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: _____

I confirm that I have read and understand TAMU System and University regulation 21.01.04 regarding the extension of credit located at <http://www.tamus.edu/offices/policy/policies/pdf/21-01-04.pdf>. I confirm that my department has written procedures for extending credit including collection procedures and have attached a copy of my department’s procedures. I understand that payment for the sales of goods and services on credit is expected within 30 days and special circumstances requiring the extension of credit for longer than 30 days must be disclosed in writing to the Accounts Receivable department.

Departmental Approval

Signed _____

Printed Name _____

Title _____

Dept/Unit _____

Date _____

Bursar’s Office Review

Signed _____

AVPFC Approval

Signed _____

Printed Name _____

Date _____