



## STUDENT ATHLETE RECRUITMENT FUND REQUEST FORM

This form is used to request the establishment of a Student Athlete Recruitment Fund from Controller's Office.

Please complete the form below, scan and email it to [cashrequests@fiu.edu](mailto:cashrequests@fiu.edu) . For assistance or questions regarding this form, please contact Accounting and Reporting Services at Ext. 7-2557

Custodian Name: \_\_\_\_\_ Title: \_\_\_\_\_

Custodian E-mail: \_\_\_\_\_ Telephone: \_\_\_\_\_

Designee: \_\_\_\_\_ Date: \_\_\_\_\_

Designee E-mail: \_\_\_\_\_

Amount Request \$: \_\_\_\_\_

I hereby request the establishment of a student athlete recruitment fund for the amount stated above. The fund will be used for the sole purpose to of provide funds to the Student Athlete Host in compliance with guidelines on the Student Athlete Host Form.

I will be responsible for the safeguarding of the fund, accounting for the cash, and securing proper documentation of the use of the funds. All money should be kept in locked storage at all times. In no instance should a university fund under an individual's control be kept on one's person, deposited in a personal bank account, or taken to one's home for safekeeping.

I understand that I am liable for the safeguarding of these funds and my wages may be garnished for any lost funds. Upon reassignment or termination, I agree to return these funds to the University Cashiers Office.

I certify that I have reviewed and will comply with the University 1110.010 [Cash Control Policy](#).

Once the request has been approved, please fill out the **Unencumbered Payment Form** found in the Controller's website and send the form to [cashrequests@fiu.edu](mailto:cashrequests@fiu.edu)

**Signature of Custodian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Signature of Dept Budget Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<p><b>Controller's Office Approval:</b></p> <p><b>Date:</b> _____</p> <p><b>Signature:</b> _____</p>
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