State of Kansas

Department of Administration

Office of Accounts and Reports

DA-164 (Rev. 10-2019)

**APPLICATION FOR EMPLOYEE USE FUND**

1) Agency

2) Name of fund or account

Fund or account number

3) The funds legal income tax status regarding income earned (application of the unrelated business income tax (UBIT) for state universities)

4) Nature of fund (source such as gifts, profits from vending machines, coffee funds, profits from garage sales or other fund raising activities, etc., and uses)

5) How are disbursements from the fund or account controlled?

6) Date when fund or account will be established

7) Current balance of the fund as of ,20 $

8) Estimated projected total amount of the fund

9) Name of custodian appointed

10) Where and how are funds deposited? Name of financial institution (s) and account (s)

11) Date financial institution account (s) approved by the agency head

Signature of Agency Head (Date)

(Chief Accounting Officer of the State Agency) (Date)

Approved:

(Department of Administration) (Date)