

Department of State Treasurer
Short-Term Investment Fund (STIF) or Disbursing Account Application

Applying Entity: _____
Type of Entity: _____
 State Agency Community College Commission/Board
 Local Education Agency University Other - with a State
employee/offical being
the custodian

Select one:
 Disbursing Account
 Short-Term Investment Fund (STIF) Account
If STIF, select Statutory Authority for participation:
 G.S. 147-86.11(e)(1a)-(Required)
 G.S. 147-69.3(b)-(Voluntary)
 G.S. 116-36.1-(University)

Custodian (Authorized Official):	Primary Contact (if different from Custodian):
Name: _____	Name: _____
Title: _____	Title: _____
Address: _____	Address: _____
_____	_____
_____	_____
Telephone: _____	Telephone: _____
Email: _____	Email: _____

Accounting:
Are the funds included in the State's Comprehensive Annual Financial Report _____ Yes/No
If "No", in which entity's annual financial report are the funds included? _____

Certification of Authorized Official:
I certify that the information provided in this form is true and correct. The above individual is authorized to act in the capacity indicated and to transact business on behalf of the agency.

_____ Name (Print)	_____ Signature
_____ Title	_____ Date

For use by the Department of State Treasurer:

Account #: _____	Date: _____
Flexcube Cust. ID #: _____	Date: _____
Copy of this application provided to the Office of State Controller: _____	Date: _____