Department of State Treasurer

Short-Term Investment Fund (STIF) or Disbursing Account Application

Type of Entity: State Agency Community College Commission/Board	Applying Entity:					
Local Education Agency University Other - with a state employee/official being the custodian Select one:	Type of Entity:	State Agency	Community College	Commis	sion/Board	
Select one: Disbursing Account Short-Term Investment Fund (STIF) Account If STIF, select Statutory Authority for participation: If STIF, select Statutory Authority for participation: G.S. 147-69.3(b)-(Voluntary) G.S. 147-69.3(b)-(Voluntary) G.S. 116-36.1-(University) Custodian (Authorized Official): Primary Contact (if different from Custodian): Name: Title: Title: Address: Email: Address: Telephone: Telephone: Email: Email: Accounting: 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? Yes/No 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 #: Account #: Date: Flexcube Cust. ID #: Date:						
Select one:						
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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): Name:		Disbursing Account				
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Flexcube Cust. ID #: Date:	Account	: #:		Date:		
Copy of this application provided to the Office of State Controller: Date:						
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