Department of State Treasurer

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

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 Fu	und (STIF) Account	
	If STIF, select Statutor	y Authority for participation:	
		_G.S. 147-86.11(e)(1a)-(Required)	
		_G.S. 147-69.3(b)-(Voluntary)	
		_	
Custodian (Autho	-	Primary Contact (if differe	
Name:		Name:	
Title:		Title:	
Address:		Address:	
Telephone:		 Telephone:	
Telephone: Email:		Telephone: Email:	
Email:			Yes/No
Email: Accounting: Are the funds inc	luded in the State's Comprehe	Email:	
Email: Accounting: Are the funds inc	luded in the State's Comprehe	Email:	
Email: Accounting: Are the funds incl If "No", in wh	luded in the State's Comprehe	Email:	
Email: Accounting: Are the funds incl If "No", in wh Certification of A	luded in the State's Comprehe nich entity's annual financial re uthorized Official:	Email:	Yes/No
Email: Accounting: Are the funds incl If "No", in wh Certification of A I certify that the i	luded in the State's Comprehe nich entity's annual financial re uthorized Official: nformation provided in this fo	Email:	Yes/No
Email: Accounting: Are the funds incl If "No", in wh Certification of A I certify that the i	luded in the State's Comprehe nich entity's annual financial re uthorized Official:	Email:	Yes/No
Email: Accounting: Are the funds incl If "No", in wh Certification of A I certify that the i the capacity indic	luded in the State's Comprehe nich entity's annual financial re uthorized Official: nformation provided in this fo	Email: ensive Annual Financial Report eport are the funds included? orm is true and correct. The above i on behalf of the agency.	Yes/No
Email: Accounting: Are the funds incl If "No", in wh Certification of A I certify that the i	luded in the State's Comprehe nich entity's annual financial re uthorized Official: nformation provided in this fo	Email:	Yes/No
Email: Accounting: Are the funds incl If "No", in wh Certification of A I certify that the i the capacity indic	luded in the State's Comprehe nich entity's annual financial re uthorized Official: nformation provided in this fo	Email: ensive Annual Financial Report eport are the funds included? orm is true and correct. The above i on behalf of the agency.	Yes/No
Email: Accounting: Are the funds incl If "No", in wh Certification of A I certify that the i the capacity indic Name (Print) Title	luded in the State's Comprehe nich entity's annual financial re uthorized Official: nformation provided in this fo ated and to transact business	Email:Email	Yes/No
Email: Accounting: Are the funds incl If "No", in wh Certification of A I certify that the i the capacity indic Name (Print) Title For use by the De	luded in the State's Comprehenich entity's annual financial re uthorized Official: Information provided in this for cated and to transact business epartment of State Treasurer:	Email:	Yes/No
Email: Accounting: Are the funds include If "No", in whether Certification of A I certify that the inthe capacity indices Name (Print) Title For use by the Decount	luded in the State's Comprehe nich entity's annual financial re uthorized Official: Information provided in this fo cated and to transact business epartment of State Treasurer: t #:	Email:Em	Yes/No
Email: Accounting: Are the funds include If "No", in whether Certification of A I certify that the inthe capacity indices Name (Print) Title For use by the Decount	luded in the State's Comprehenich entity's annual financial re uthorized Official: Information provided in this for cated and to transact business epartment of State Treasurer:	Email:Em	Yes/No