

New Account Request

It is recommended to review all accounts under your control prior to approving various documents which would affect the available balance in the account.

New Account Information

(Please Print)

Account Name: _____

Department Code: _____

Account Manager: _____

Contact Information: _____

Funding Source: (Choose only one option below)

(1) Tuition / Fee

State

Student Fee - List Fee: _____

Designated

Other

(2) Revenue Generating

Auxiliary Business Event Type "M" _____

Donation Restricted for Scholarship

Donation Other

Research Related: (Choose yes or no) (Provide separate justification document if selected "yes")

Yes

No

Account Manager Approval

I authorize this account to be created and am aware of my responsibility to manage the account effectively.