



REQUEST FOR NEW ACCOUNT

(submit to Business Services – Accounting, WA236)

COST CENTER #

(to be assigned by Business Services)

Recommended Cost Center Name: _____

Responsible Person/Contact: _____ Tech ID: _____

Phone: _____ Intracampus Mail Code: _____ Email: _____

Authorized Signature for Cost Center Activity: _____ Tech ID: _____

Authorized Signature for Cost Center Activity: _____ Tech ID: _____

Authorized Signature for Cost Center Activity: _____ Tech ID: _____

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Purpose of the Account: _____

Funding / Income Sources: _____

What types of expenditures will be paid from this account? _____

What will excess funds, if any, be used for? _____

Income/Expenditures forecast for a given 12 month period:

Total Anticipated Revenue / Deposits \$ _____ Total Anticipated Expenditures \$ _____

Person Requesting Account _____ Tech ID: _____ Date _____

Dean/Executive Officer/Faculty or Staff Advisor _____ Tech ID: _____ Date _____

BUSINESS SERVICES USE ONLY

Cost Center Number: _____

Long Name: _____

Short Name (max 12 char): _____

Responsible Person: _____

G/L Account#: _____

PROGRAM INFO

Program Code: _____

SubProgram Code: _____

Grant/Project Number: _____

CAMPUS INFO

Building: _____

OPTIONAL SETTINGS

UBIT: _____

USER FIELDS

1) _____ 2) _____ 3) _____

4) _____ 5) _____ 6) _____

Parent CC#: _____

FUNDING INFORMATION

HEB Fund Code _____

MAPS Fund Code _____

MAPS Approp Code _____

BANK INFORMATION Bank Account Code _____

BUDGET AUTHORITY TABLE CREATED

Initials Date

Reviewed by Business Services _____ Date _____

September 2009