New Account Number Request/Notification

Account Name _____

Purpose of Account _____

_____

Length of Time Account will be Utilized _____

Employee with Signature Authority _____

Business Office Use Only:

Account Number Assigned: _____

Revenue Budget

(Grant forms should be accompanied by the Award Letters.)

	$ Amount
Federal Grant (4410)	
State Grant (4420)	
Local Grant (4430)	
Other (please specify)	
Total	$

Expense Budget

Object Codes	$ Amount
Total	$

_____ Employee with Signature Authority for this Account

_____ Date

_____ Controller

_____ Date

Original: Controller **Yellow:** Initiating Department **Pink:** Business Office

Form #—BO:020990
rev. 6/05