REQUEST FOR ACCOUNT CHANGE OR DISCONTINUE

Southern Illinois University Edwardsville

(•) Account Changes ( ) Discontinue Account(s) Date: _____

Department/Unit Name: Please Select:

Budget Purposes to be updated or discontinued (Please attach a listing for additional accounts)

BP#	BP Description	BP#	BP Description

UPDATE FISCAL OFFICER:

Name: _____ Title: _____

Phone #: _____ Campus Box: _____ E-ID: _____

Fiscal Officer Signature: _____

ADD DELEGATE:

Name: _____ Title: _____

Phone #: _____ Campus Box: _____ E-ID: _____

Delegate Signature: _____

ADD DELEGATE:

Name: _____ Title: _____

Phone #: _____ Campus Box: _____ E-ID: _____

Delegate Signature: _____

REMOVE DELEGATE(S):

Name: _____ E-ID: _____

Name: _____ E-ID: _____

Name: _____ E-ID: _____

Dean/Director Approval: _____

Vice Chancellor Approval: _____

For Grant Account(s), Grant Office Approval:

Submit Forms

NOTE: Fiscal Officer/Delegate Attestation Statement must be on file. Submit Form and Attestation Statement by clicking the Submit Forms button or via mail to Administrative Accounting Box 1003, karlaha@siue.edu. Complete Request for AIS Access for system access.

10/24/25