

# REQUEST FOR NEW ACCOUNT

Southern Illinois University Edwardsville

**Note: If funds may be considered grants or donations, contact the Office of Research and Projects or SIUE Foundation before proceeding.**

Date: \_\_\_\_\_

**BUDGET PURPOSE:**

Department/Unit Name:

Account Title:

Account function: \_\_\_\_\_

**Accounting Use Only**

BP: \_\_\_\_\_

Detailed purpose of account: What will the funds in this account be used for? (e.g. salaries, program expenses, general office expenses)

How account will be funded: Provide details about the source of funds (e.g. agency name, company name, State of Illinois, individual users, etc.) and details about the type of funds (e.g. user fees, registrations, state appropriation, etc.)

**FISCAL OFFICER:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Campus Box: \_\_\_\_\_ E-ID: \_\_\_\_\_

Fiscal Officer Signature: \_\_\_\_\_

**DELEGATE:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Campus Box: \_\_\_\_\_ E-ID: \_\_\_\_\_

Delegate Signature: \_\_\_\_\_

**DELEGATE:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ Campus Box: \_\_\_\_\_ E-ID: \_\_\_\_\_

Delegate Signature: \_\_\_\_\_

Dean/Director Approval: \_\_\_\_\_

Vice Chancellor Approval: \_\_\_\_\_