

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:

<u>Accounting Use Only</u>
BP: _____

Account Title:

Account function: _____

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: _____