

ACCOUNT REQUEST FORM

PLEASE RETURN COMPLETED FORM TO FINANCIAL SERVICES, J1C. QUESTIONS CALL 651-4658
(Please Print or Type)

1. Purpose of Account: (Please provide a brief description of why this account is needed.)

2. Source of Revenues: (mark one)

<input type="checkbox"/>	68 Tuition & Fees	
<input type="checkbox"/>	85 Gifts/Donations (expenditures can not exceed revenues)	
<input type="checkbox"/>	78 Discretionary Funds - Account Number (if applicable)	_____
<input type="checkbox"/>	VT Capital Improvement Fees	Date to Board of Regents _____
<input type="checkbox"/>	VT General Improvement Fees (must benefit students)	_____
<input type="checkbox"/>	VT Student Government	Seed Money \$ _____
<input type="checkbox"/>	Grant - Granting Agency	_____
<input type="checkbox"/>	Other Sources - Source	_____

Financial Services Use Only
JV / IV/ IX Number
Budget Services Use Only
Budget Document Number
AA
RB
EB

3. Anticipated Expenditures:

		FTE	
<input type="checkbox"/>	10 Letters of Appointment	\$	_____
<input type="checkbox"/>	11 Professional Salaries	\$	_____
<input type="checkbox"/>	14 Classified Salaries	\$	_____
<input type="checkbox"/>	15 Wages	\$	_____
<input type="checkbox"/>	16 Fringe Benefits	\$	_____
<input type="checkbox"/>	22 Travel	\$	_____
<input type="checkbox"/>	30 General Operations	\$	_____
<input type="checkbox"/>	50 Scholarships	\$	_____
<input type="checkbox"/>	Other _____	\$	_____
TOTAL		\$	_____ - _____

4. Please list the names of the individuals authorized to sign on this account. Authorized position titles are listed below.

Designate ONE individual as the "**ACCOUNT MANAGER**". This individual will receive the monthly organization reports.

Levels of authorization are set for position titles by Signature Authorization Policy		
Acct Mgr (mark one)	List the names on the appropriate lines of position titles	
	Position Titles	Names of Authorized Individuals
	Report Only - \$0	
	Department Chair / Manager	
	Dean	
	Director	
	Associate Vice President	
	Vice President	

5. CSN President or Vice President (sign): _____

Date _____

Financial Services Use Only				
ORG (SORG) Name: _____		Activation Date: _____		
FY _____	FUND _____	AGENCY _____	ORGN _____	ACTIVITY _____
Appropriation _____	Fee Distribution _____	No _____	Yes & Code _____	
Review by CSN Controller (sign): _____				Date _____