

ACCOUNT REQUEST FORM

PLEASE RETURN COMPLETED FORM TO FINANCE & ADMINISTRATION, 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 be submitted 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"/>		Outside Sources - Source	_____
<input type="checkbox"/>		Other	_____

Finance & Administration Use Only
JV / TV Number
Budget Document Number

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 and the dollar level of authority. Designate ONE individual as the "ACCOUNT MANAGER**". This individual will receive the monthly organization reports.**

Acct Mgr (mark one)	Authorized to Sign on Account (Name)	*** Dollar Level of Authority ***			
		\$1 - 500	\$501 - 1,000	\$1,001 - 5,000	Full

5. CCSN President/Vice President or Designee (sign): _____ **Date** _____

Finance & Administration Use Only				
ORG (SORG) Name:	_____	Activation Date:	_____	
FY _____	FUND _____	AGENCY _____	ORGN _____	ACTIVITY _____
Appropriation _____	# _____	Fee Distribution ___	No _____	Yes & Code _____
Review by CCSN Controller (sign):	_____			Date _____