

## Request for New Account

**Name of Account:** \_\_\_\_\_

**Responsible Person:** \_\_\_\_\_

**Primary Dept Code:** \_\_\_\_\_ **Sub-Dept (if any):** \_\_\_\_\_ **Mail Stop 1:** \_\_\_\_\_

**Secondary Dept Code:** \_\_\_\_\_ **Sub-Dept (if any):** \_\_\_\_\_ **Mail Stop 2:** \_\_\_\_\_

**Source of funds:**

- Gift – List Donor Name\*\*
- Sales/Service – explain in detail
- Transfer with account(s) [List]
- Conference Fees
- Other- explain in detail

\*\* If source of funds is a gift or donation, please attach Gift Account Information Form

\*\*\*Contracts & Grants must be routed through Contracts & Grants office\*\*\*

**Imperative Code:** (capital campaign) \_\_\_\_\_

**Function:** Please check the one that you think best classifies what the funds will be spent on:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Instruction      | <input type="checkbox"/> Student Service            | <input type="checkbox"/> Major Repair & Rehab       |
| <input type="checkbox"/> Research         | <input type="checkbox"/> Institutional Support      | <input type="checkbox"/> Scholarships & Fellowships |
| <input type="checkbox"/> Public Service   | <input type="checkbox"/> Operation & Maint of Plant | <input type="checkbox"/> Auxiliary                  |
| <input type="checkbox"/> Academic Support |   |   |

**Purpose of Account** (Describe in detail, attach documentation if available):

**Types of Expenditures** (Salaries, Supplies, etc):

**Any Restrictions on funds/account:**

**Requested by:** \_\_\_\_\_ (Authorized Signature - must be on FD860) \_\_\_\_\_ (Printed Title)

\_\_\_\_\_ (Print Name) **Date:** \_\_\_\_\_

**Dept. Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

Please return this and any other correspondence  
regarding the account to New Accounts at MS6000  
Please direct questions to (979)845-8106

New Account # \_\_\_\_\_