

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:

- Transfer with TAMU account(s)
Source Account(s) must be listed FAMIS Account Number: _____
- Transfer from TAM Foundation TAMF Account Number: _____
- Gift ** Donor Name: _____
- Sales/Service – explain in detail *
- Conference Fees
- Other- explain in detail ***

* Prior to submitting form, please contact the Office of Cost Analysis at 862-3326

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

Contracts & Grants must be routed through Contracts & Grants office

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 (Detailed Description Required, 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@tamu.edu or to "New Accounts" at MS6000
Please direct questions to (979) 845-8107

Please allow 5 days for the account to be set up.

New Account # _____