

UNIVERSITY OF NORTHERN IOWA
Request for New Account

(Do not use this form to request sponsored program accounts (4000-6999) To request a sponsored program account, please contact the Office of Sponsored Programs.)

1. Proposed account title: _____

2. Account purpose: (please explain below)

3. Start date: _____ End date: _____ Continuous _____

4. Source of funds: _____
(Examples: Student fees, ticket sales, parking fees, advertising income, sale of food, sale of publications, commissions, royalties, dues, memberships, raffles, and fundraisers.)

5. Will revenues from sales to sponsored programs (individual grants and contracts) be deposited in this account? Yes or No? _____

6. Approximate annual expenditures: \$ _____

7. Existing account to cover overdraft or receive balance remaining when account is closed:

Account name: _____

Oracle account number: _____
_____ - Object Code - _____ - 000

8. Requested by (print): _____ Phone: _____

Signature: _____ Campus Code: _____

E-mail of person to contact with new account number: _____

9. I understand the account is not to operate in a deficit position and the department or college/administrative unit will be responsible for covering any deficits.

Department responsible: _____

Department Head/Director's Name (print): _____

Department Head/Director's Signature _____

Financial Accounting Use Only

Account Code Combination Assigned:

_____ - Object Code - _____ - 000