

UNIVERSITY OF NORTHERN IOWA
Request for New Account/Worktag

(To request a sponsored program/grant account, please contact the Office
Research and Sponsored Programs.)

1. Proposed name Fund: _____
Program: _____
Activity: _____

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. Requested by (print): _____
E-mail of person to contact with new account number: _____

8. 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 _____