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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Norfolk State University | | | | | | | | | | | |
| Account create reQuest form | | | | | | | | | | | |
| Date: | | | | | | | | | | | |
| **SECTION I** | | | | | | | | | | | |
| Submitted by: | | | | | | | | | | | |
| Phone: | | Fax: | | | | | E-mail: | | | | |
| Suggested Account Title: | | | | | | | | | | | |
| Name of responsible person to receive financial reports: | | | | | | | | | | | |
| Title: | | | | | | | Department: | | | | |
| **SECTION II** | | | | | | | | | | | |
| 1. Complete this section to describe why a new account is needed and how the account will be used. | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| 1. Complete this section if your proposal includes a request for the collection of a new fee and/or contributions from other sources. Indicate the source, frequency and annual amount of income to this account. | | | | | | | | | | | |
|  | | | | | | | | | | | |
| Will the income be restricted by the Donor or Source | | | | | |  | | **Yes** |  | **No** | If **Yes**, explain the restrictions |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
|  | | | | | | | | | | | |
| **SECTION III** | | | | | | | | | | | |
| Approvals must be made in order designated below. If the request is disapproved at any level, the form is to be returned to the originator noting the reason for disapproval. Upon final approval, this form will be returned reflecting the account number(s) to be used and a copy of the form will be directed to the University Budget Director to establish the budget. | | | | | | | | | | | |
| Approved: Dean/Director | | |  | | | | | | | | |
| Approved: Vice President | | |  | | | | | | | | |
| Approved: Budget | | |  | | | | | | | | |
| Approved: Comptroller | | |  | | | | | | | | |
| Approved: VP Finance & Administration | | | | |  | | | | | | |
| Approved: President***(when applicable)*** | | | | |  | | | | | | |
| **SECTION IV** | | | | | | | | | | | |
| Account Number Assigned | |  | | | | | | | | | |
| Budget/Expense Account Number | | | |  | | | | | | | |
| Revenue/Income Account Number | | | |  | | | | | | | |
| Project Number | |  | | | | | | | | | |
| **SECTION IV**  ***For Office Use Only*** | | | | | | | | | | | |
| Fund |  | | | | | | | | | | |
| Program |  | | | | | | | | | | |
| STFD |  | | | | | | | | | | |
| Dean |  | | | | | | | | | | |
| Assoc. Field |  | | | | | | | | | | |
| Type |  | | | | | | | | | | |
| Function |  | | | | | | | | | | |
| Project |  | | | | | | | | | | |
| Revenue |  | | | | | | | | | | |
|  | | | | | | | | | | | |