

LEWIS-CLARK STATE COLLEGE

New Account Request Form

Date _____

Name of New Account: _____

Purpose of New Account: _____ 30 characters max

Source of Income: _____

Will Personnel costs be charged to this account: _____ Check One:

Will Irregular Help costs be charged to this account: _____ Check One:

Will Employee Travel be charged to this account: _____ Check One:

Will Operating exp's be charged to this account: _____ Check One:

F9 access: _____
Department (Please Print)

Access to Requisition/ICP input: _____
Name (Please Print)

Online Requisition/ICP approvers: _____
Name (Please Print)

WebNow access: _____
Name (Please Print)

Prepared by:

Comments:

For Controller's Office Use Only				Input by:	Date:
Fund	Function	Cost Center	Acct Description	Effective Date	
Fund Balance	_____	(Except 10, 12, Aux30's, 14)		<input type="checkbox"/> Pooled	_____ Date
Revenue Objects	_____	(Except 10, 12)		<input type="checkbox"/> F9	
Payroll Objects	_____			<input type="checkbox"/> FinStmntPlcmt	
Expense Objects	_____			<input type="checkbox"/> GL GLUD/APPM	
				Distribution:	
				CO	
				PR	
				Budget	
				Grants	
				Dept reqstd	