

**REQUEST FOR NEW/CHANGE TO ACCOUNT**

**Date:** \_\_\_\_\_  
**Requester:** \_\_\_\_\_  
**Department:** \_\_\_\_\_  
**Phone Ext.:** \_\_\_\_\_

**Add:**            **Change:**

**Purpose of the Account:**

001 - Account Title (40 space max): \_\_\_\_\_  
005 - Person in Charge: \_\_\_\_\_  
008 - School Code: \_\_\_\_\_

**Income:**  
Account Number: \_\_\_\_\_  
Budgets Needed: \_\_\_\_\_

**Expense:**  
Account Number: \_\_\_\_\_  
424 - Expense Category (2 digits): \_\_\_\_\_  
450 - Single (00) or Multi-function (blank): \_\_\_\_\_  
(Code 450 is required for only HRMS transactions)  
Budgets Needed:

Budgets to Group:

**Fund Balance (Reserve) 68XXX:**  
Ledger Class and Dept Number: \_\_\_\_\_  
318 - Trial Balance Code: \_\_\_\_\_  
FASB: \_\_\_\_\_  
Investment Type: \_\_\_\_\_  
**057 - Department Type\*:** \_\_\_\_\_  
**058 - Fund Bal Acct\*:** \_\_\_\_\_  
**\*for School of Medicine accounts only.**

**Special Instructions:**

**Asset:**  
Account Number: \_\_\_\_\_  
\*include Asset Category code in Account number  
316 - Trial Balance Code: \_\_\_\_\_

**057 - Department Type\*:** \_\_\_\_\_  
**\*for School of Medicine accounts only.**

**Liability:**  
Account Number: \_\_\_\_\_  
\*include Liability Category code in Account number  
317 - Trial Balance Code: \_\_\_\_\_

**057 - Department Type\*:** \_\_\_\_\_  
**\*for School of Medicine accounts only.**