

REQUEST FOR NEW CUFS ACCOUNT

FOR BUDGET USE ONLY	SEND COPIES TO:
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Fund _____
Area _____
Org _____

Account Entered by: _____
 Date: _____

TYPE OF CUFS ACCOUNT	FUNDING SOURCE:
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Appropriated Account (Fund 0010 - 0099)
(Requires RBAC be attached)

0010 0022 Other: _____

Designated Account (Fund 0100 - 0599)

0100 0110 Other: _____

Endowment Income Spending Account (Fund 1000-2999)

Endow No. _____ Endow. Name: _____

Gift Account (Fund 3000-3999)
(Include this form with Gift Transmittal Form)

Agency Account (Fund 7000-7999)

(check as applicable)

CUFS Number (s)

TV (s) Attached

Check(s) to be Deposited

ACCOUNT DATA

Account Name: (limited to 30 characters) _____

Account Short Name: _____

Org Manager Name: _____

Department: _____

Department Identifier (ALPHA) _____

Function: _____

Justification/ Purpose for Account

Reporting Orgs:	Open Revenue Codes	Open Object Codes:
Org. 1 _____	_____	_____
Org. 2 _____	_____	_____
Org. 3 _____	_____	_____
Org. 4 _____	_____	_____

Authorization

Prepared By: _____ Date: _____ Phone: _____

Department Approval: _____ Date: _____ Phone: _____

Budget Approval: _____ Date: _____ Phone: _____