

AUBURN UNIVERSITY Request for a New Account

NOTE: If contract or grant account, this form should NOT be used. Process through the Office of Vice President for Research (Office of Sponsored Programs), using Form AU-CGA-6601 (Cover Form for Extramural Programs).

TO: Controller
FROM: Dean/Director's Name _____

1. Account Name (long description) _____

2. Division: AUA-1 AUM-2 AAES-3* ACES-4 AUF-7 AAA-8
 *If AAES, indicate project number: _____

3. College # _____ Description _____

4. School # _____ Description _____

5. Dept # _____ Description _____

6. Responsible Person _____

7. Type of Research (Non-contract accounts with an A-21 code of OR)
 Basic - 01 Applied - 02 Developmental - 03

8. Field of Science (Non-contract accounts with an A-21 code of OR, refer to Contract & Grants Policies and Procedures: www.auburn.edu/administration/business_office/policy_manual/congrant.htm

9. Beginning Date _____ Ending Date _____

10. Identify the account's source of Revenue:

Tuition/Fees	State Grant	Sales/Services - Departmental
Federal appropriation	Other Grant	Sales/Services - Auxiliary
State appropriation	Gift	Enterprises
Federal Grant	Endowment Income	Expired Term Endowment
		Other _____

11. Identify the Expenditure purpose of this account:

Instruction	Library	Scholarships/Fellowships
Research	Student Services	Auxiliary Enterprises
Public Service	Institutional Support	Plant Funds
Academic Support	Operation & Maintenance	Agency

12. Attach documentation, correspondence and comments which identifies the intended use or restrictions to the account requested and supports the need for a new account (**REQUIRED**).

13. Additional notification - e-mail address: _____

_____ Date

Department Head

Date

_____ Date

Dean

Date