

# 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: <a href="http://www.auburn.edu/administration/business_office/policy_manual/congrant.htm">www.auburn.edu/administration/business_office/policy_manual/congrant.htm</a> ) |   |                               |
| 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 ( <b>REQUIRED</b> ).   |   |                               |
|     | _____   |   |                               |
|     | _____   |   |                               |
|     | _____   |   |                               |
|     | _____   |   |                               |
| 13. | Additional notification - e-mail address: _____   |   |                               |

Date \_\_\_\_\_

Date \_\_\_\_\_