SUB-ACCOUNT ____________

REQUEST FOR ESTABLISHMENT OF A SUB-ACCOUNT CODE

SECTION I: General Information

1. Date ______________

2. Person Making Request _____________________________________________________

3. Type:   _____ Asset   _____ Liability
           _____ Revenue   _____ Expenditure

4. (a) Is this a change to an existing code? ________
       (b) If yes, what is the account number? ________

SECTION II: Account Information

1. Describe why this account is needed.
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

2. Provide a brief definition of the account that could be used for publication to other units.
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________
   ____________________________________________________________

3. Suggested Account Title
   (NOTE: Cannot exceed 35 characters)

4. Signature of Requestor __________________________________________
SECTION III: Approval
Approval must be made in the order designated below. If the request is disapproved at any level, the form is to be returned to the originator noting the reason for disapproval. Upon final approval, Data Control will notify the originator of the account number(s) to be used.

1. Assoc. Budget Officer
   Associate Controller
   Finance Systems Manager

   Action            Signatures
   ___________________  ___________________

SECTION IV: Accounting System Information

ACCOUNT INFO

ACCOUNT CODE MAINTENANCE FORM (FTMACCT)

Chart of Accounts: _____
Account: ________  Title: __________________________________________
Date
Effective: __________  Term: ________________
Predecessor Account: _______
Data Entry ______________
Account Type: __________  Income Type: ___________
Account Class: __________  Asset Account: ___________
Accumulated Depreciation: ______________
Depreciation Expense: _________________
Pool Account: _______
Fringe Account: _______
Fringe Percent: ________  Normal Balance: _______

2
SYSTEM DATA MAINTENANCE FORM (FTMSDAT)

Entity/Usage Code: _______
Attribute Code: ________________

Optional Code #1: _______
Optional Code #2: ________________

Chart of Accounts: _______

Date Effective: ___________
Termination: ________________

Description/Title: _____________________________________________________________

Short Title: __________________________

Data: _____________________

DATA CONTROL

Date established _____________
Department Notified ________________

Keyed: ________________________(Initials)