



New Account Request

It is recommended to review all accounts under your control prior to approving various documents which would affect the available balance in the account.

New Account Information

(Please Print)

Account Name: _____

Department Code: _____

Account Manager: _____

Contact Information: _____

Funding Source: (Choose only one option below)

(1) Tuition / Fee

- State Student Fee - List Fee: _____
 Designated Other

(2) Revenue Generating

- Auxiliary Business Event Type Conference/Workshop
 Donation Restricted for Scholarship Donation Other

Research Related: (Choose yes or no) (Provide separate justification document if selected "yes")

- Yes No

New Account Purpose:

Account Manager Approval

I authorize this account to be created and am aware of my responsibility to manage the account effectively.

Account Manager Signature

Date

Please return to: reporting@tamuk.edu

Financial Services	Office of Research & Graduate Studies
Account Purpose Approval <input type="checkbox"/> Approved <input type="checkbox"/> Rejected Account Number Assigned: _____	Research Classification Approval (if applicable) <input type="checkbox"/> Approved <input type="checkbox"/> Rejected
<i>Director of Financial Reporting or University Comptroller</i> Date:	<i>Director of Research & Graduate Studies</i> Date: