

**Virginia State University
Request for Account Creation**

Date	Start Date	End Date
School and/or Department		
Suggested Account Name		
Responsible Person		

	Name	Title
Purpose of Account		

Account Type (Check One):

<input type="checkbox"/>	Restricted
	Source of Revenue
	Expected Amount of Revenue
	Type of Restricted Revenue (check one):
<input type="checkbox"/>	Gift
<input type="checkbox"/>	Grant/Contract
<input type="checkbox"/>	Catalog of Federal Domestic Assistance (CFDA)
<input type="checkbox"/>	Endowment earnings
<input type="checkbox"/>	Scholarship
<input type="checkbox"/>	Other (please explain)

<input type="checkbox"/>	Unrestricted
	Source of Revenue
	Expected Amount of Revenue
	Type of Unrestricted revenue (check one):
<input type="checkbox"/>	Sales and Services
<input type="checkbox"/>	Transfers
<input type="checkbox"/>	Auxiliary Enterprise Revenue
<input type="checkbox"/>	Other (please explain)
<input type="checkbox"/>	Endowment
<input type="checkbox"/>	Loan Fund
<input type="checkbox"/>	Plant Fund
<input type="checkbox"/>	Agency Fund

Expense Purpose (check one):

<input type="checkbox"/>	Instruction (including Academic Department Heads)
<input type="checkbox"/>	Sponsored Research (result of a formal agreement)
<input type="checkbox"/>	Department Research (private gifts, overhead)
<input type="checkbox"/>	Public Service (conference, lectures)
<input type="checkbox"/>	Academic Support (Dean's Office, Library, Audiovisual)
<input type="checkbox"/>	Student Services (Student Activities)
<input type="checkbox"/>	Institutional Support (Administration)
<input type="checkbox"/>	Operation and Maintenance of Plant
<input type="checkbox"/>	Student Financial Assistance (Scholarships/Fellowships)
<input type="checkbox"/>	Financial Assistance for E&G Services
<input type="checkbox"/>	Auxiliary Enterprises
<input type="checkbox"/>	Other (please explain)

Supporting Documentation

Copies of the documentation and correspondence which identifies the intended use of the funds or the restriction on the funds are to be attached to this form.

Have you attached all available supporting documentation and information?

Yes No

If no, please explain _____

Completed by:

Name	Date	Extension
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Approved by:

Dean or Director	Date	Extension
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Approved by:

VPP or Designee	Date	Extension
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Received by:

Manager of Financial Analysis Service Team (FAST)	Date
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