

**Virginia State University
Request for Account Creation**

Date	<input type="text"/>	Start Date	<input type="text"/>	End Date	<input type="text"/>
School and/or Department	<input type="text"/>				
Suggested Account Name	<input type="text"/>				
Responsible Person	<input type="text"/>				

	Name	Title
Purpose of Account	<input type="text"/>	
	<input type="text"/>	

Account Type (Check One):

<input type="checkbox"/>	Restricted
	Source of Revenue <input type="text"/>
	Expected Amount of Revenue <input type="text"/>
	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="text"/>
	<input type="checkbox"/> Endowment earnings
	<input type="checkbox"/> Scholarship
	<input type="checkbox"/> Other (please explain) <input type="text"/>

<input type="checkbox"/>	Unrestricted
	Source of Revenue <input type="text"/>
	Expected Amount of Revenue <input type="text"/>
	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="text"/>
<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) <input type="text"/>

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:

<input type="text"/>	Date	Extension
----------------------	------	-----------

Approved by:

<input type="text"/>	Date	Extension
----------------------	------	-----------

Approved by:

<input type="text"/>	Date	Extension
----------------------	------	-----------

Received by:

<input type="text"/>	Date
----------------------	------