

REQUEST FOR CREATION OF DEPOSITORY ACCOUNT
Term _____ SY _____

Please accomplish the form accordingly.

DEPARTMENT/OFFICE: _____

DEPOSITORY ACCOUNT NAME: _____

COORDINATOR: _____

DONOR: _____
(If applicable)

PROJECT DURATION
Start Date: _____
End Date: _____

SHORT DESCRIPTION OF ACCOUNT AND OR PROJECT: (please use separate sheet if necessary)

Coordinator/Director
Printed Name and Signature

Date

Endorsed by:

Dean
(For Academic Units)
Printed Name and Signature

Associate Vice Chancellor Concerned
(For Offices/Non-Academic Units)
Printed Name and Signature

Date

Date

Send ACCForm #1 to the Finance & Accounting Office together with a copy of the signed Memorandum of Agreement (MOA)/contract.

For Accounting Office:

Account No.: _____

Date Created: _____

University Controller
Printed Name and Signature

Date