State University of New York

Chart of Accounts Request

Campus: 28100

New Account, Change or Close?

For Fiscal Year:

Account Title (32 characters max.):

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Suggested Account Number:

Suggested NACUBO Function:

Fund:

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Additional required information needed for IFR accounts. ALL of the following fields must be completed.

Major Project: _____  Revenue Class(es): _____  Program Begin Date: _____  Program End Date: _____  Associated State Account: _____  Title Change (include Acct. # and Title): _____

Justification for establishing account (be very specific as to what type of expenditures will be charged to this account, so that the proper NACUBO function can be determined for GL reporting purposes):

Submitted by:

Phone #:

Date: