

**STATE UNIVERSITY OF NEW YORK
 STONY BROOK, NEW YORK 11794-1151
 ACCOUNTING DEPARTMENT
 ACCOUNT REQUEST FORM**

ACCOUNT NO. _____ **NEW** **CHANGE**

TITLE OF ACCOUNT _____
CIRCLE TYPE OF ACCOUNT STATE, IFR, HOSPITAL, VETS HOME, SUTRA, DIFR

	NEW	Please Complete if there is a Change OLD
ACCOUNT DIRECTOR	_____	_____
DEPARTMENT CONTACT	_____	_____
REPORT RECIPIENT	_____	_____
REPORT RECIPIENT	_____	_____
REPORT RECIPIENT	_____	_____
AUTHORIZED SIGNATORY	_____	_____
EmplID#	_____	_____
AUTHORIZED SIGNATORY	_____	_____
EmplID#	_____	_____
AUTHORIZED SIGNATORY	_____	_____
EmplID#	_____	_____

ALLFUNDS CODE

LEVEL 1	_____	VP CODE
LEVEL 2	_____	SCHOOL CODE
LEVEL 3	_____	RESPONSIBILITY CODE
LEVEL 4	_____	PARENT
FUND	_____	FUND CODE
FUNCTION CODE	_____	FUNCTION CODE

ACCOUNT PURPOSE: _____

IS NEW ACCOUNT A PARENT ACCOUNT? **YES** **NO**
 If yes, please identify the title desired to reflect on the department's employee ID Cards.

DEPARTMENT TITLE (for ID Cards) _____

Is a corresponding OASIS/ 050 Value required? **YES** **NO**

SUBMITTED BY _____ **SIGNED** _____ **DATE** _____

APPROVED BY _____ **SIGNED** _____ **DATE** _____
 VP COORDINATOR

Please complete and mail to: Accounting Department Zip - 1151