

Effective Date of New Request _____

Request New: (Check one)

Index, Fund Org Account Activity Code

If fund request, which type of fund:

03 Three Fund 05 Scholarship Fund 08 Agency Fund 09 Capital Projects Fund

General Information: (Required)

Contact Name _____ Contact Title _____

Contact Phone _____ Contact Email _____

Department Name _____

Dean, Director or Department Head _____

Financial Manager _____ 900# _____

Budget Manager _____

Fund or Org Request: Add (Complete only if "Fund" or "Org" is checked above)

Suggested Fund/Org Name (Banner Description) _____

Purpose of the Fund/Org _____

Default Org Number (if fund request) _____

Funding Source:

Institutional Gift/Donation Grant Contract Service Provided Other _____

Estimated annual funding \$ _____

Intended customers:

Department Faculty Staff Student Non-FIT Business _____

Estimated annual expenses \$ _____

Index and Activity Code Request: add (Complete only if "Index," or "Activity Code" is checked above)

Suggested Index/Activity Code (Optional) _____ Name _____

Associated FOPAL: Fund _____ Org _____ Program Code _____

Account Number Request: (Complete only if "Account" is checked above) Note: Five digits for account

Suggested Number (Optional) _____ Name _____

Describe the associated activity _____

¹Note: Indexes are for 2 funds only

Banner Access Authorization: *(Required only for Fund or Org request)*

Financial Manager _____ Banner User ID _____
 Banner User #1 _____ Banner User ID _____
 Banner User #2 _____ Banner User ID _____
 Banner User #3 _____ Banner User ID _____

Other Comments: *(Additional description of what this fund/org is for/about)*

Please provide the above information for our files. Submit via fax or email to sdenyer@fit.edu. This will make our records consistent for each created request. Thank you.

Finance Manager Approval _____ Date _____

Controller's Office Approval _____ Date _____

Administrative Computing _____ Date _____

(Required only for Banner Access Authorization)

FOR OFFICE OF THE CONTROLLER USE ONLY

New Approved Request: Request Type _____ Number _____

Full Accounting String: Fund _____ Org _____ Account _____ Program Code _____ Index _____ Activity Code _____

Financial Statement Grouping: Revenue _____ Expense _____

Three Fund Financial Statement Grouping *(Select one):* Designated/Restricted Reserve/Unrestricted Ancillary