



Completed by: _____

Phone: _____

Date: _____

Request for New Agency/Custodial Account

1. Person to be Budget Officer (must be ISU faculty/staff): _____

2. Budget Officer UID#: _____ Dept Name/Number: _____

3. Title of Account: _____

4. Purpose of Account: _____

5. Source(s) of revenue: _____

6. Types of Expenditures: _____

7. Estimated budget: \$ _____ 8. Will the account be used for payroll? _____

9. (RSO ONLY) Account to close to: _____

Signature of Person to be Budget Officer Date

Approved by Dean of Students Office (RSO only) Date

Approved by Provost (material fees only) Date

Please mail completed form to 1020 Budget Office

Office Use Only - Please Do Not Write

Datatel Number

Fund:	Function:	Unit:
Functional Class:	Fund Detail:	
Fiscal Year:		

Approved by Budget Office Date

Approved by Comptroller's Office Date