

University of Nevada, Reno
REQUEST TO ESTABLISH/MODIFY ACCOUNT

EXISTING ACCOUNT? FUND _____ AGENCY _____ ORGN _____

NEW ACCOUNT? FUND _____ AGENCY _____ ORGN _____

NEW ACCOUNT ONLY: WORKDAY UNIT* _____ WORKDAY COST CENTER _____

WORKDAY OWNER _____ WORKDAY MANAGER _____

ALTERNATE MANAGER _____

ACCOUNT TITLE _____

COLLEGE/SCHOOL/ADMINISTRATIVE UNIT _____

DEPARTMENT/ADMINISTRATIVE UNIT _____

ACCOUNT MANAGER _____ CHANGE YES NO

ACCOUNT PURPOSE _____

REVENUE OBJECT CODES SOURCE OF FUNDS _____

68 72 76 77 78 79 80 81 85 VT Other _____

EXPENSE OBJECT CODES

10 11 12 14 15 16 20 30 60 VT Other _____

ADDITIONAL AUTHORIZED SIGNERS:
(Printed/Typed Name)

DELETE AUTHORIZED SIGNERS:
(Printed/Typed Name)

REQUESTED BY: _____ DATE: _____

APPROVED BY: _____
(Vice President, Dean, Director or Department Chair)

FOR CONTROLLER'S OFFICE USE ONLY

APPROVED BY: _____

DATE _____

ACTIVITY _____

FOUNDATION USE ONLY:

ORG2 _____

SHORT NAME _____

SIGA _____

AA _____

APPROPRIATION _____

EB _____

RB _____