

Please complete the following, including all required signatures, and email pdf copies to <u>fiaccountrequest@txstate.edu</u>.

Section 1. Account Information:

| a. | Description/Purpose of | | | | |
|----|----------------------------------|---|--|-------------|--|
| | New Internal Order | | | | |
| b. | Effective Dates | From: To: | | | |
| C. | Internal Order Name (40 char) | | | | |
| d. | Link to new Fund? | 🗌 Yes – Co | Yes – Complete and submit a Request for New Fund | | |
| | | □ No – Continue | | | |
| e. | Link to existing Fund? | 🗌 Yes – Co | omplete inform | ation below | |
| | | 🗌 No – C | ontinue | | |
| | | Number: Name: | | | |
| | | | | | |
| f. | Link to new Cost | Yes – Complete and submit a Request for New Cost Center | | | |
| | Center? | No – Continue | | | |
| g. | Link to existing Cost | Yes – Complete information below | | | |
| | Center? | □ No – Continue | | | |
| | | Number: Name: | | | |
| | | | | | |
| f. | Uses of Funding | Faculty Salaries | | | |
| | - | Graduate Assistants Salaries | | | |
| | | Staff Salaries (Regular, non-regular) | | | |
| | | Operating (may include student wages, travel, | | | |
| | | | | | |
| | | maintenance & operating (M&O), capital) | | | |

Section 2. Account Manager Information:

| а. | Name | |
|----|--------------------------|--|
| b. | TxState NetID (username) | |
| C. | Title | |
| d. | Department | |
| e. | Phone | |
| f. | Dean/Director/AVP | |

Section 3. Requestor Information: (complete if different than provided in Sec 2)

| a. | Name | |
|----|--------------------------|--|
| b. | TxState NetID (username) | |
| C. | Phone | |



Section 4. Authorizing Signatures

| | Print | Sign | Date |
|----|-----------------------------|------|------|
| a. | Account Manager | | |
| | (Required for all requests) | | |
| b. | Chair/Director | | |
| | (Required for all requests) | | |

The Account Manager is responsible for the funds in this account and for ensuring that the account is managed consistent with all applicable policy and regulations.

Section 5. SAP/BobCatalog Access

Other than the Account Manager identified above, who will need access to this account:

| Name | User ID (SAP log in) | Title |
|------|----------------------|-------|
| | | |
| | | |
| | | |
| | | |

Section 6. (For Administrative Use):

| ROUTING: | Name | Date |
|--------------------------|------|------|
| Financial Reporting (df) | | |
| Budget Office | | |
| General Accounting | | |
| FI Master Data | | |

| Assigned Internal Order | |
|-------------------------------|--|
| Internal Order Short Name (20 | |
| char) | |
| Internal Order Long Name | |
| Assigned Cost/Fund Center | |
| Assigned Fund: | |