

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:	