

Please complete the following, including all required signatures, and email pdf copies to [fiaccountrequest@txstate.edu](mailto:fiaccountrequest@txstate.edu) .

**Section 1. Account Information:**

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

**Section 2. Account Manager Information:**

|    |                                 |  |
|----|---------------------------------|--|
| a. | <b>Name</b>                     |  |
| b. | <b>TxState NetID (username)</b> |  |
| c. | <b>Title</b>                    |  |
| d. | <b>Department</b>               |  |
| e. | <b>Phone</b>                    |  |
| f. | <b>Dean/Director/AVP</b>        |  |

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

|    |                                 |  |
|----|---------------------------------|--|
| a. | <b>Name</b>                     |  |
| b. | <b>TxState NetID (username)</b> |  |
| c. | <b>Phone</b>                    |  |



## Request for New Internal Order

### Section 4. Authorizing Signatures

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

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### 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:                      |  |