

**STATE UNIVERSITY OF NEW YORK  
STONY BROOK, NEW YORK 11794-1151  
ACCOUNTING DEPARTMENT  
ACCOUNT REQUEST FORM**

ACCOUNT NO. \_\_\_\_\_ NEW  CHANGE

TITLE OF ACCOUNT \_\_\_\_\_  
CIRCLE TYPE OF ACCOUNT STATE, IFR, HOSPITAL, VETS HOME, SUTRA, DIFR

	NEW	Please Complete if there is a Change OLD
ACCOUNT DIRECTOR	_____	_____
DEPARTMENT CONTACT	_____	_____
REPORT RECIPIENT	_____	_____
REPORT RECIPIENT	_____	_____
REPORT RECIPIENT	_____	_____
AUTHORIZED SIGNATORY	_____	_____
EmplID#	_____	_____
AUTHORIZED SIGNATORY	_____	_____
EmplID#	_____	_____
AUTHORIZED SIGNATORY	_____	_____
EmplID#	_____	_____

ALL FUNDS CODE

LEVEL 1	_____	VP CODE
LEVEL 2	_____	SCHOOL CODE
LEVEL 3	_____	RESPONSIBILITY CODE
LEVEL 4	_____	PARENT
FUND	_____	FUND CODE
FUNCTION CODE (required)	_____	FUNCTION CODE

ACCOUNT PURPOSE: \_\_\_\_\_

**IS NEW ACCOUNT A PARENT ACCOUNT?** YES  NO   
If yes, please identify the title desired to reflect on the department's employee ID Cards.

DEPARTMENT TITLE (for ID Cards) \_\_\_\_\_

Is a corresponding OASIS/ 050 Value required? YES  NO

**\*\*IFR/SUTRA/DIFR ACCOUNTS ONLY\*\***

**Will the IFR be accepting cash, check, or credit card deposits?** YES  NO

**What is the source of funds for the IFR?** (State, SBF, RF-Federal, Salary Offset, etc) \_\_\_\_\_

**Request for Overhead Waiver? (requires Executive approval)** YES  NO   
**\*Please provide explanation for OH Waiver request:**

**Is the IFR associated with a Rate?** (Rate must be approved and submitted with account request) YES  NO

SUBMITTED BY \_\_\_\_\_ SIGNED \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_ SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
VP COORDINATOR

Please complete and mail to: Accounting Department Zip - 1151