



REQUEST FOR RESTRICTED SELF GENERATED ACCOUNT

AS505

Space Usage Registration Fees

Campus		
College	Campus/College # (3 digits)	
Department	Department # (5 digits)	
Suggested Account Name		
Contact	E-mail	Phone

Purpose of Account _____

Source of Funding/Receipts _____

Authority to Restrict Funds _____

Detailed Description of Activity _____

Approved by

Dean/Unit Director Printed Name Date

Vice Chancellor Printed Name Date
Finance & Administrative Services

FOR ACCOUNTING SERVICES USE ONLY

Account Title _____

Primary Org ID _____

D-Code _____

Account Number _____ - _____ - _____

Processed by _____ Date _____