

## Account Management Form Instructions

#### General Information

All Requests for New Account or Account Change forms must be properly initiated and approved by the SIU Foundation before fiscal activity can commence.

- 1. Check the type of request that is being made at the top of the page.
- 2. Enter the account title and number.
- 3. Check the appropriate fund type.
- 4. Enter the effective date of the new account or account change.
- 5. If additional information is needed to complete this form, please call the SIU Foundation Carbondale Office at (618) 453-4900 or SIU Foundation Springfield Office at (217) 782-2955.

#### **New Account Requests**

- 1. Choose an Account Category from the drop down box:
  - Program Activities Restricted for use the division/department.
  - Faculty and Staff Faculty and staff salaries and employment benefits.
  - Research Scientific, technical, and humanistic investigations (excluding clinical trials).
  - <u>Public Service & Ext</u> Support of activities established primarily to provide non-instructional services to people and groups within or outside the institution.
  - <u>Physical Plant/Plant Operations/Maintenance</u> Building and grounds, other facilities and equipment. Student Financial Aid Financial Aid for undergrad students and graduate students.
  - Other Restricted Not classified in other categories
- 2. Enter the account purpose and account restrictions (if applicable). It is necessary to describe the purpose and restrictions in sufficient detail so the proposed account may be properly classified within the accounting structure of the Foundation. Examples of the account purpose could be: conduct research in a specific or general area; purchase of supplies, materials and services in support of a specific activity; etc. Specific descriptions of the activity of the proposed account are necessary so that the appropriate administrative authorities will be able to determine that the establishment of the proposed account is consistent with objectives of the department, school, college or division and the University. This information will also be the basis for review of the account by both the internal and external auditors. Since the space that is provided on this form is limited, please attach additional sheets as necessary to provide adequate detail. Any additional correspondence that may be germane to the implementation of this account should be attached.
- 3. Enter the College/Division and Department that will benefit from the new account.
- 4. Enter the budget officer contact information.

#### Purpose/Restriction Change

- 1. Enter the new Account Purpose and Restrictions (if applicable).
- 2. Enter the Reason for proposed change.

#### Account Title Change

- 1. Enter the old account title under Proposed change.
- 2. Enter the Reason for proposed change.

#### **Discontinued Account**

### Signature and Approvals

Signatures required - Delegates cannot sign.



# **Account Management Form**

		Restriction Change				
☐ Discontinued Account ☐ Account Title Change						
General Information						
Account Title:			Account Number:			
☐ Expendable Fund	ust have MOA	and AP. Chec	ck with CDO.)	☐ Other Fund		
Account Category:						
Account Purpose and Re	estrictions:					
College / Division:			Department:			
Proposed change (if app	olicable):					
Reason for proposed cha	ange:					Effective Date:
Budget Officer Contact Information						
Name (Last, First, MI):						
Title:			Department:			
Mail Code:			Email Address:			
Authorizations and Approvals						
Budget Officer Date			Treasurer, SIU Foundation Date			
Dean / Division Head Date						
DO NOT WRITE BELOW THIS LINE						
☐ Compliance	□ Review	☐ IFAS / Adv		Entered by:	Date	э:
Donor / Contact ID:			Email:			