

PS Chartfield Create – Account Setup Request Form

REQUEST DATE:
PHONE EXT.

REQUESTOR NAME:

RATIONALE FOR ACCOUNT:

WILL PEOPLE BE CHARGED TO THIS DEPT?

PROPOSED TITLE:

MAXIMUM 30 SPACES

PROPOSED NUMBER

7 DIGITS

SIGNATURE: _____

COMPTROLLER'S OFFICE USE ONLY:			
ACCOUNT NUMBER:			
ACCOUNT TITLE:			
ALT ACCOUNT:			
TREES:	UPDATED DATE:	UPDATED BY:	COMBO RULES:
ACCOUNT_FIN_RPT			RULES UPDATED:
ACCOUNT_ROLLUP			
ACCT_EXPENSE_RPT			
ALL_PURCHASE_ITEMS			
CC_ACCT_BUDG			
CC_ACCT_BUDG09			
CC_ACCT_FY10			
CC_ACCT_FY09			
CE_ACT_DP			
FIN_EXP_XWALK			
FIN_STATEMENT			
SSGR_REVEXP_SUM			
UB_PL_CC_ACCT_TREE			

Please email this form to the Comptroller at akamal@ubalt.edu or fax it to 410-837-6580 for approval.