

# ACCOUNT MASTER INPUT FORM

## ACTION

REQUEST A NEW ACCOUNT     
  CHANGE     
  DELETE     
  ADD

## ACCOUNT INFORMATION

CITRIX DEPARTMENT CODE * If a new account enter the CITRIX Department code & leave the account information fields (FUND-AGENCY-ORGANIZATION) blank:	FUND:	AGENCY:	ORGANIZATION:
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ACCOUNT TITLE:

ACCOUNT MANAGER'S NAME:

STATUS REPORT RECIPIENT:

SOURCE OF FUNDS:

ACCOUNT PURPOSE:

CHECK ALL EXPENDITURE OBJECT CODES REQUESTED:

10     
  11     
  14     
  15     
  16     
  17     
  18     
  20     
  30     
  60     
  VT

## ADDITIONAL AUTHORIZED SIGNERS ADD      DELETE

NAME:		
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NAME:		
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NAME:		
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## APPROVALS

REQUESTED BY (SIGNATURE):	DATE:
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APPROVED BY (SIGNATURE):	DATE:
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### FOR CONTROLLER'S OFFICE USE ONLY

ACCOUNT CODING:	MANAGEMENT REPORTING: ORGN2
FUNCTION	SIGA      CABINET: LVL1
ORGN	GDES      DEAN/DIRECTOR: LVL2
EB	RB      CHAIR/DIRECTOR: LVL3
AA	DEPARTMENT: LVL4

IF PAYROLL:

COPY TO CITRIX	COPY TO BUDGET
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CONTROLLER'S OFFICE APPROVAL:	DATE:
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