

**THE UNIVERSITY OF TEXAS AT AUSTIN**

**New Account Request**

**Non-Educational and General**

TO: Financial Accounting and Reporting, Office of Accounting and Financial Management  
 E-mail/scan to: [oa.FAR@austin.utexas.edu](mailto:oa.FAR@austin.utexas.edu)

FROM: \_\_\_\_\_  
 COLLEGE, SCHOOL, OR UNIT (CSU) CONTACT (Phone #) (email address)  
 (for questions regarding this request)

TYPE OF ACCOUNT:	SOURCE OF FUNDS:	SUBACCOUNTS:	SEND TO WORKDAY	SEND TO WORKDAY
<input type="checkbox"/> 18* <input type="checkbox"/> 30	<input type="checkbox"/> Gift – If transfer, list accounts [List]**	<input type="checkbox"/> 09 A &P Salaries	<input type="checkbox"/> 75 Travel	
<input type="checkbox"/> 19 <input type="checkbox"/> 41	<input type="checkbox"/> Sales/Service [Explain in Purpose Section]	<input type="checkbox"/> 10 Class Salaries	<input type="checkbox"/> 80 Spec Equip	
<input type="checkbox"/> 29	<input type="checkbox"/> Transfer from <b>non</b> -fee accounts(s) [List]**	<input type="checkbox"/> 14 Fringe Benefits	<input type="checkbox"/> 90 Alloc Budget	N/A
<input type="checkbox"/> Other	<input type="checkbox"/> Conference/Registration Fees	<input type="checkbox"/> 20 Wages	<input type="checkbox"/> 93 Gifts	N/A
	<input type="checkbox"/> Student Fee Income	<input type="checkbox"/> 50 M.O.&E	<input type="checkbox"/> 94 Invest Inc.	N/A
	<input type="checkbox"/> Transfer from existing fee acct [List]**	<input type="checkbox"/> 51 All Expenses***	<input type="checkbox"/> 95 Oper. Inc	N/A
	<input type="checkbox"/> New approved fee revenue	<input type="checkbox"/> 70 Schol/Fellow	<input type="checkbox"/> Other (Specify Below)	
	<input type="checkbox"/> Other – [Explain in detail in Purpose section]	<input type="checkbox"/> 71 Tuition		

SUB NAME SEND TO WORKDAY

\* 18 account requests must include an Approved Rate Request Package

\*\* List of Transfer From account(s) \_\_\_\_\_

\*\*\*\*\* 19 & 29 accounts generating external income will be assessed the 5.00% Administrative Fee \*\*\*\*\*

CSU: \_\_\_\_\_ UNIT CODE: \_\_\_\_\_

PROPOSED TITLE: \_\_\_\_\_

ATTACHMENTS:  Correspondence  Copy of Check  Gift Documentation Other \_\_\_\_\_

ACCOUNT PURPOSE: (describe in detail the source of funds, purpose of account, and **how the funds will be spent**)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**APPROVALS:**

CSU APPROVAL & Title (Optional):

\_\_\_\_\_  
 (Signature) (Printed name) (Title) (Date)

Business Officer APPROVAL & Title (Required):

\_\_\_\_\_  
 (Signature) (Printed name) (Title) (Date)

OFFICE OF ACCOUNTING AND FINANCIAL MANAGEMENT APPROVAL: \_\_\_\_\_ Date: \_\_\_\_\_

Account # \_\_\_\_\_ NACUBO \_\_\_\_\_ Federal Element \_\_\_\_\_ Centrally Funded Fringes ( Y / N ) MIS  
 Reporting Code \_\_\_\_\_

Report Code(s) \_\_\_\_\_ Admin Fee ( Y / N )