

**FLORIDA ATLANTIC UNIVERSITY
UNIVERSITY BUDGET OFFICE
REQUEST FORM FOR NEW BANNER ACCOUNT NUMBERS**

TITLE: _____

DEPARTMENT / ORGANIZATION NAME _____

DEPARTMENT DIRECTOR _____ PHONE NUMBER _____

DIRECTOR'S BUILDING: _____ ROOM NUMBER: _____

FINANCIAL MANAGER _____ PHONE NUMBER _____

| TO BE COMPLETED BY THE REQUESTING DEPARTMENT | | | | | | | |
|--|-------------|--------------|-------------|-------------|------------|----------------|--------|
| FUND NAME: | | | | | | | |
| PLEASE CHECK BOX | E&G | AUX | ATHLETIC | STUD GVT | CONC | HENDERSON | AGENCY |
| FUND NAME: | | | | | | | |
| PLEASE CHECK BOX | SCHOLARSHIP | CONSTRUCTION | LOAN FUND | FOUNDATION | WORK STUDY | | |
| CAMPUS: | | | | | | | |
| PLEASE CHECK BOX | BOCA | DAVIE | FTL - TOWER | DANIA/SEA T | MACARTHUR | TREASURE COAST | OTHER |

BRIEF DESCRIPTION OF THE PRIMARY FUNCTION OF THE ACCOUNT:

REQUESTED BY: _____ DATE: _____

VICE PRES OR DEANS OR FOUNDATION AUTHORIZATION: _____ DATE: _____

| TO BE COMPLETED BY THE UNIVERSITY BUDGET OFFICE / CONTROLLER'S OFFICE | | | | | | | |
|---|---------|--------|--------------|----------|-----------|-----------------|----------|
| BANNER CODES | INDEX | FUND | FUND LEVEL 3 | ORGN | ORG LEV 4 | PROGRAM | ACTIVITY |
| | ACCT_CP | BE_SUS | BUDENTY | COLL-SUB | DEPT_PCS | FUND_ID | PGM_COMP |
| ATTRIBUTE CODES | SET_IND | STFUND | ST_PGCMP | | | | |
| | | | | | | | |
| AUTHORIZED PROCESSING OFFICE SIGNATURE | | | | | | Date Validated: | |

NOTES:
FRS numbers are assigned by the Office of Administrative and Financial Technical Support Services or the office of Contracts and Grants.
AFTER THIS FORM IS RETURNED, YOU MUST FILL OUT AN ACCOUNT MAINTENANCE FORM IN THE CONTROLLER'S OFFICE.

EFFECTIVE DATE 12/15/2005