



Accounting

Finance & Administration

UNIVERSITY OF GEORGIA

Request for Account Addition/Change

1. To: **Accounting Department**

2. Request for Account Addition Deletion Name Change Number Change

Account Addition

3. Type of Account _____

4. New Department Name of new department _____

Project Current department number _____

5. Requested Project Name (30 character or less) _____

6. Funding Source _____

7. Object Codes _____

8. Account Status Report Distribution _____

9. Function Category _____

10. Description and Purpose _____

11. Account Begin Date _____ Account End Date _____

12. Disposition of Balance (AGENCY accounts only) _____

Account Deletion

Account Name _____ Account Number _____

Reason _____

Account Deletion Effective Date _____

Changes (Account or Department)

Current account name/number _____ Or Current department name/number _____

New name/number _____ Account Change Effective Date _____

Reason _____

Signatures

Approved (Department Head) Date

Submitted (include title) _____ Date _____ Approved (Department Head's Supervisor) _____ Date _____

University of Georgia Finance and Administration Use Only

Account Number _____ Account Name _____

BVA _____ P or E Relation _____ By _____

AV _____ AM _____ AR _____ AA _____ Date _____