

New Account Request Form

Requester Name: _____

Department Name: Acctng & Financial Reporting

Signature: _____

Date: _____

Phone: _____

Please provide the following information:

I. Type of Account being Requested:

- Account Combination (9 elements, 31 digits) _____
- Fund (4 digits) _____
- Program (4 digits) _____
- Project (4 digits) _____
- Sub-object (4 digits) _____
- Cost center (5 digits) _____

II. Suggested Description for new Account:

Ricoch Scholarship Fund

III. Reason New Account is Needed:

- Required by Legislative or Fiscal Research
- Required to meet legal requirements
- Required by Federal reporting guidelines
- Required by other State Agency. Please Specify: _____
- Other: _____

IV. Please justify your Department's need for the account. Provide specific examples of how your Department plans to use the account. Attach any supporting documentation.

The above two text boxes will word wrap for you.
If you type more than you can see in the box, adjust the box size by increasing the row size.

Routing Information:

E-Mail To: Pam Hay phay@pgcps.org
Peggy Knox peggy.harrison@pgcps.org
Claire Taylor claire.taylor@pgcps.org

Fax to: 301-952-1628