AUBURN UNIVERSITY Request for a New Account

NOTE: If contract or grant account, this form should NOT be used. Process through the Office of Vice President for Research (Office of Sponsored Programs), using Form AU-CGA-6601 (Cover Form for Extramural Programs).

TO:	Controller								
FROM:		Dean/Director's Name							
1.	Account Name (long description)								
	Short Name								
2.	Division:	AUA-1	AUM-2	AAES-3* *If AAES,		AUF-7 number:			
3.	College #		Desc	ription					
4.	School # _		Desc	ription					
5.	Dept #	Description							
6.	Responsibl	Responsible Person							
7.	Type of Research (Non-contract accounts with an A-21 code of OR) Basic - 01 Applied - 02 Developmental - 03								
8.	Field of Sc Procedure	Field of Science (Non-contract accounts with an A-21 code of OR, refer to Contract & Grants Policies and Procedures: www.auburn.edu/administration/business_office/policy_manual/congrant.htm							
9.	Beginning I	Date ——		Ending Date					
10.	Tuition/Fe Federal a	ees appropriatior propriation	n Oth Gift	te Grant er Grant	me	Sales/Services - Departmental Sales/Services - Auxiliary Enterprises Expired Term Endowment Other			
11.	Instruc Resea Public	tion	Libr Stu Inst	use of this account: Library Student Services Institutional Support Operation & Maintenance		Scholarships/Fellowships Auxiliary Enterprises Plant Funds Agency Small			
12.	···							ctions to	
13.	Additional r	Additional notification - e-mail address:							
	De	partment He	ead			Date			
	De	 Dean				 Date			