

STATE UNIVERSITY OF NEW YORK
STONY BROOK, NEW YORK 11794-1151

ACCOUNTING DEPARTMENT

ACCOUNT REQUEST FORM

ACCOUNT NO. _____ NEW CHANGE

TYPE OF ACCOUNT _____
STATE, IFR, HOSPITAL, VETS HOME, SUTRA, DIFR

	NEW	Please Complete if there is a Change OLD
ACCOUNT TITLE	_____	_____
	_____	_____
ACCOUNT DIRECTOR	_____	_____
ZIP CODE	_____	_____
REPORT RECIPIENT	_____	_____
ZIP CODE	_____	_____
REPORT RECIPIENT	_____	_____
ZIP CODE	_____	_____
	_____	_____
CMR CODE	_____	_____

ALLFUNDS CODE

LEVEL 1	_____	VP CODE
LEVEL 2	_____	SCHOOL CODE
LEVEL 3	_____	RESPONSIBILITY CODE
LEVEL 4	_____	PARENT
FUND	_____	FUND CODE
FUNCTION CODE	_____	FUNCTION CODE

ACCOUNT PURPOSE: _____

SUBMITTED BY _____ SIGNED _____ DATE _____

APPROVED BY _____ SIGNED _____ DATE _____
VP COORDINATOR

Please complete and mail to:
Accounting Department
Admin Building, Zip - 1151
Phone: 2-6040