

**Tarleton State University  
Office of Business Services**

**NEW ACCOUNT REQUEST**

**Today's Date:** \_\_\_\_\_ **Name of Requester:** \_\_\_\_\_

**Department Name:** \_\_\_\_\_ **Mail Box #** \_\_\_\_\_

**Purpose of Account:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Additional Information or Comments:** \_\_\_\_\_

\_\_\_\_\_

**Proposed Title:** \_\_\_\_\_

**Responsible Person for Account:** \_\_\_\_\_

Phone # \_\_\_\_\_

Note: Only individuals who have attended the Business Services Voucher Training are eligible to be the responsible person for an account.

**Source of Funding:** \_\_\_\_\_

**Estimated Revenue for this Fiscal Year \$** \_\_\_\_\_

**Will this account be used beyond this fiscal year?**      Yes      No      Possibly      (please circle one)

\_\_\_\_\_  
Signature of Requestor

\_\_\_\_\_  
Approval of Department Head

\_\_\_\_\_  
Approval of Vice President

**Please attach any associated information i.e. contracts, agreements, letters, brochures, etc.**

**And Return to: Business Services, Box T-0120**

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**Business Office Use Only**

Account Number: \_\_\_\_\_ Account Title \_\_\_\_\_

Approval: \_\_\_\_\_ AFR Fund \_\_\_\_\_ Function: \_\_\_\_\_ Year End Process \_\_\_\_\_

Default Bank \_\_\_\_\_ Dept. \_\_\_\_\_ Aux Code \_\_\_\_\_ Fund Source \_\_\_\_\_ GEB \_\_\_\_\_

Funding \_\_\_\_\_

\_\_\_\_\_

Copies to: \_\_\_\_\_

\_\_\_\_\_

Letter: \_\_\_\_\_

Other: \_\_\_\_\_