

Idaho State University
Request for New Account/FOAP

Department Requesting Account _____ Date: _____

Account Description & Proposed Use of Funds: _____

Source of Funding/Name of Funding Agency: _____

Anticipated Revenue per Fiscal Year: _____

Sponsored Project Proposal Number: _____ Award Number: _____

Indirect Cost Recovery will be distributed as standard for department unless noted otherwise on this form.

Proposed Account Name: _____

Account Director: _____ Campus Box: _____

Principal Investigator ___ Yes ___ No Campus Phone: _____ Email: _____

Account Expiration Date: _____

Person/Organization Responsible for Accumulated Deficits – if a PI; signature accepts financial responsibility:

Name: _____ Signature: _____

Requested by: _____ Approved by: _____
Dean, Director or Chair

Approved by: _____ Approved by: _____
UBO Signature Dean or Vice President

Person other than Account Director who should have look-up/query access to account:

Name: _____ Title: _____

Look-up access requested by: _____
Must be signature of Account Director

ReqMaster for this Account: _____

Finance and Administration Use Only

Fund _____ Org Code _____ Program _____ Location _____

Index _____ CFDA _____ Org Prefix _____ Other _____

1st Approver: _____ 2nd Approver: _____ \$ Amount: _____

Sales Tax ___ Yes ___ No UBIT ___ Yes ___ No Reviewed by: _____ Date: _____

Completed Form to: VPF Office _____ Accounting _____ IT Security _____ Other _____