

SUNY Potsdam  
**REQUEST FOR NEW STATE ACCOUNT**

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

Dean/Director: \_\_\_\_\_ Department: \_\_\_\_\_

**Authorized Signatories:**

Print Name	Signature	Title
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Justification for establishing new account:**

**Expenses associated with this account (i.e. personnel, equipment, supplies, etc.):**

\_\_\_\_\_

Requestor's Signature Date

\_\_\_\_\_

Department Head/Chair Date

=====

For Business Office Use Only:

Account Number \_\_\_\_\_ Submitted to System Admin. \_\_\_\_\_

Add to:  
Chart of Accounts \_\_\_\_\_  
Job Functions \_\_\_\_\_  
SMRT \_\_\_\_\_