

ACCOUNT NUMBER REQUEST

(Do not use this form for sponsored funding (4xx) accounts. If you need a sponsored funding account established, please contact the Office of Sponsored Programs Administration –OSPA.)

PURPOSE for this account, please be specific:

PROPOSED TITLE: _____ (30 characters maximum)

SUB FUND GROUP: (check one box below)

General University

- General University Other (701)
- General University Personnel (704)
- Both – General University Other and Personnel (701 and 704)
- Advance Commitments (721)

Self-Supporting*

Fee-For-Service (To account for the selling of goods and/or services.) **Please complete Page 3**

- Conferences/Events (202)
- Fee-for-Service Units (202)
- Other Self-supporting account options:
 - Computer Fees (202)
 - Farms (202)
 - Student Fees (202) – Special Course Fees need to fill out the Special Course Fee Authorization system in AccessPlus.
 - Study Abroad (202)
 - Discretionary (290) - Source of Funds _____
 - Residual Balance from Fee-for-Service Operations (292) – FFS Account Number _____
 - Endowment Spending (291)
 - Miller Fellowship (295)
 - Petty Cash (907) - Fiscal Officer will be Bill Cahill in Accounting. Source of Funds _____

Special Appropriations

- Ag Experiment Station State Appropriation (102)
- Extension State Appropriation (103)
- Special Appropriations Other (109)

Federal Appropriations

- Ag Experiment Station Federal Appropriations (602)
- Extension Federal Appropriations (620)

Agency (funds not owned by ISU); Agency accounts must have a positive cash balance at all times. The University has the right to suspend or revoke an agency account for failure to adhere to university policies and procedures. Disbursements may be disapproved for insufficient funds.

- Vending
- Agency County – Source of Funds _____
- Agency Affiliated – Source of Funds _____
- Agency Other – Source of Funds _____

* For Self-Supporting and Agency accounts, the 3% Administrative Fee will be assessed on external sales and collected by your college. Colleges of Engineering and LAS have elected exemption from the administrative fee. For all other Resource Units, please indicate if the account should be assessed the administrative charge.

- Yes – Charge to the new account requested
- Yes – Charge to other account _____
- No – Exemption approved by academic Fiscal Officer

ACCOUNT NUMBER REQUEST (Page 2)

ADMINISTRATIVE INFORMATION:

Org Code: _____	Dept Number: _____ (Available in e-Data under Browse List, select Org Code report)
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	Name	Email	Phone
Fiscal Officer (Approves all edocs in KFS)			
Account Supervisor (Receives informational copies of edocs related to account maintenance.)			
Account Manager (Chair or Operations Manager)			

Please note: Fiscal Officer and Account Manager can be the same person. Account Supervisor **cannot** be the same person as Fiscal Officer or Account Manager.

The KFS Fiscal Officer should establish two Account Delegates for this account. An Account Delegate is a person who is given permission to act as a proxy in the absence of the Fiscal Officer on an account. For step-by-step instructions, please see the Quick Reference Guide: Creating an Account Delegate.

Administrative Contact (person who can respond to questions regarding this account number request document)	_____ Printed Name	_____ Phone Number
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I understand that the account is not to operate in a deficit position and the department or college/administrative unit will be responsible for covering any deficits. In addition, I understand changes in the purpose, types of services and/or intended customers of Fee-For-Service accounts, require approval of the Controller's Department (Financial Accounting & Reporting Office).

Department	Department Chair/Director Signature	Date
Admin Unit	Dean or Vice President Signature	Date

Return completed forms to 3607 ASB. Questions can be directed to your department's assigned Financial Accounting & Reporting (FAR) accountant (<http://www.controller.iastate.edu/far/staff.htm>) or Robin Jones at rriedell@iastate.edu or 294-6388.

ACCOUNT NUMBER REQUEST (Page 3)

Complete this page only if Sub Fund Group on page 1 is “Conferences/Events” or “Fee-for-Service Units”. ISU Fee-For-Service policy and directions for rate calculation can be found at www.controller.iastate.edu/far/feeforservice.htm

Describe how this account relates to the mission of ISU.

	Name	Email	Phone
Operations Supervisor			
Rate Development Contact			

Please provide location(s) where this fee-for-service operation performs services. If more than one location is used, please provide a brief description of the services in each location. Do not include office space used regularly for non-fee-for-service activities (such as teaching and research), even if the space is used incidentally for fee-for-service activities.

Building(s)	Room(s)	Description of Services

Intended customers: (check all that apply)

- Internal customers billed intramurally. Sales providing goods and/or services to ANY accounts within the university system. If an account can be billed using an Internal Billing (IB) or a Service Billing (SB), the customer must be charged the approved internal rate. This includes billing of ISU sponsored funding accounts and departments.

- External customers billed through Accounts Receivable and/or cash sales. Sales of good or services to external non-university customers. Students and employees of the university are considered to be external customers when purchasing goods and services for personal use and/or educational purposes. If this box is checked, complete the questions below.

Are there other providers of this product or service? If yes, who? Yes No

Will the product or service be advertised to the public? Yes No

Do you anticipate having any written contract with a single external customer over \$25,000? Yes No

If yes, has the contract been approved by the Office of University Counsel? Yes No

If a contract exists, regardless of amount, please attach a copy.

Required: Attach a sheet detailing how the rates were developed. See www.controller.iastate.edu/far/feeforservice.htm for details of what needs to be documented.

Please provide the ISU equipment tag number(s).

Anticipated annual sales \$ _____

Will there be inventory of supplies for resale with value in excess of \$25,000? Yes No

Will all internal customers including the host department be charged the same rates? (If no, contact FAR before submitting this Account Number Request.) Yes No

Will external customers be charged the internal rate or higher? External customers must be charged a minimum of the internal rate plus the 3% Administrative Fee (if the fee applies to your Resource Unit). Yes No