

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 \_\_\_\_\_