

SCT Account Request Form

Mark the type of account requested:

- Operating Funded by a yearly budget or operating funds transferred in. These funds do not carryover.
- Designated Funds are internally designated for specific purpose. These funds carryover.
- Restricted Funds are externally restricted. These funds carryover.
- Agency Funds from an organization that is officially recognized by the College. These funds carryover.

Requested Title of Account _____

Account Director _____ G # _____

Campus Extension _____ Campus Address _____

Describe in detail the purpose of this account. If this account is for a grant, then attach a copy of the grant proposal.

Describe the source of revenue for this account.

Please advise who will need SCT access to this new department. Please include their SCT (email) user name.

Account Director _____	SCT User Name _____
Dept Admin Assistant _____	_____
Dept Chairperson _____	_____
Dean _____	_____
Vice President _____	_____

 Academic Dean or Administrative Director Signature Date

 Grants Directors Signature (If Applicable) Date

For Accounting Use Only

Financial Manager _____	Payroll _____	Spreadsheets _____
Fund/Org _____	Index _____	Date _____
FOMPROF _____	Approvals _____	_____