

FOOTHILL-DE ANZA COMMUNITY COLLEGE DISTRICT
Accounting Services
Request for Addition or Changes to Chart of Accounts

Account Number _____
 (Suggestion may be made)

Action: _____ New
 _____ Change
 _____ Freeze
 _____ Close

Date of Request _____

Account Description _____
 (20 Spaces)

* If this is a request for a new account please provide appropriate budget information. (For example: A signed contract from the funding agency.)

** If this is a change to an existing account, please list only the information you want to change.

Responsible Person _____

(15 Spaces) Last name, first initial. The budgeter is the only person authorized to sign for charges to an account.

Department _____ **Phone** _____

Mail Location _____

(20 Spaces) Inter-office mail location.

Purpose of New Account/Change _____

Budgeter Signature _____

For Accounting Use

| FRS Attributes | |
|--|--------------------------|
| ABR Rule _____ | GL Map Code _____ |
| Year (check one) Fiscal _____ Project _____ | |
| Campus _____ | Division _____ |
| Department _____ | VP Level _____ |
| | Project No. _____ |
| Account Purpose _____ | |
| Corresponding Scholarship Acct _____ | TOPS Code _____ |
| Corresponding Fam Subcode _____ | ASA Code _____ |

Entered in FRS By: _____

Date: _____