

REQUEST to ESTABLISH SPONSORED PROJECT ACCOUNT NUMBER

Award Title: _____ *

(30 spaces)

Budget Manager: _____

Who besides Budget Manager
needs access to this account: _____

Source of Revenue: Federal _____ State _____ Other _____

Matching Account Number Required: Yes _____ No _____

AVPAA Signature Date

*Title will appear on computer screens and reports.

Please attach a copy of the approved award document.

To be completed by Restricted Funds Accountant:

Project Description _____

Grant Account Number _____

Matching Account Number _____

Abbreviation _____