

Tulane

Account Justification and Documentation

To be completed by the requesting department:			
Department name:	<input type="text"/>	Organization #:	<input type="text"/>
Account long name:	<input type="text"/>		
Account short name:	<input type="text"/>		
Responsible person:	<input type="text"/>	E-Mail:	<input type="text"/>
Purpose of the account:	<input type="text"/>		
External restrictions by donors or agencies:	<input type="text"/>		
Internal restrictions (if applicable)	<input type="text"/>		
Source of Funds:	<input type="text"/>		
How often is revenue received each fiscal year?	<input type="text"/>		
Start date:	<input type="text"/>	Termination Date (if applicable):	<input type="text"/>
Account to charge in case of deficit:	<input type="text"/>		
Requested by:	_____	_____	_____
	Signature	Title	Date
Approved by:	_____	_____	_____
	Signature	Title	Date

Accounting use only:					
Account	<input type="text"/>	Short Name	<input type="text"/>		
Organization	<input type="text"/>	Purpose Code	<input type="text"/>	Fund	<input type="text"/>
Responsible Person #	<input type="text"/>	Responsible Person Name	<input type="text"/>		
Revenue Line	<input type="text"/>	Expense Line	<input type="text"/>	OMBA21	<input type="text"/>
Endowment Cross Ref	<input type="text"/>	Replacement Account	<input type="text"/>		
Location	<input type="text"/>	Funding Source	<input type="text"/>	IDC Rate	<input type="text"/>
Approved by:	_____	_____	_____		
	Signature	Title	Date		