# New Agency/Org Application (non-sponsored accounts only)

**Account Name:**

**Purpose:**

**College/Department Name:**

**Agency Code:**

**1RP Rollup Code by Campus** (If a rollup code is not provided, Financial Services will assign one.):

**2RP Rollup Code by Organization** (If a rollup code is not provided, Financial Services will assign one.):

**HR Department Code** (This code is required for all accounts.):

Is the new account a state-funded cost share companion account? Yes ☐ No ☐

If you checked Yes, provide the proposal number or sponsored agency/org:

## SOURCES OF REVENUE

- State Appropriations
- Tuition and Fees (Student)
- (If establishing a Special Class Fee or Program Fee Account, attach approved Course Fee Request Form)
- Sales and Services (Internal ☐, External ☐)
- Gifts (Funded solely from Gifts – ASC Exempt)
- Transfers in from other accounts (Describe below.)
- Miscellaneous and Other (Describe below.)
- Grants and Contracts (Identify providers below.)
- Technology Research Initiative Funds (Proposition 301 Sales Tax Proceeds)
- General Purpose Funds

**Revenue Source Descriptions:**

Will there be taxable sales on this account? Yes ☐ No ☐

(If you checked Yes, contact the Tax unit of Financial Services.)

## EXPENSES

- Direct Cost of Sales (Explain the purpose below.)
- All other operating
- Transfers out
- Personal Services
- Employee-Related Expenses

**Estimated Level of Annual Expenses $**

Accounts with expenses greater than $100,000 will be set up as a budgeted account. Please submit a budget for all accounts with expenses greater than $100,000. (All General Purpose Funds are set up as Budgeted Accounts.)

**Cost of Sales Explanation:**

## ACTIVITY CLASSIFICATION (Choose One)

- Instruction
- Research
- Public Service
- Academic Support
- Student Services
- Institutional Support
- Plant Operation and Maintenance
- Scholarships and Fellowships
- Auxiliary Enterprises

## OTHER

Provost Office approval is required for the establishment, merger, transfer or disestablishment of ASU’s academic units. For most purposes, academic units include colleges, schools, divisions, departments, centers, institutes, laboratories, bureaus or other similar units for teaching, research or public service. If required, attach Provost Office approval.

## APPROVALS

Requested by:

<table>
<thead>
<tr>
<th>Name</th>
<th>College/Department</th>
<th>Phone</th>
<th>Date</th>
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Org Manager:

<table>
<thead>
<tr>
<th>Name/Title</th>
<th>Signature</th>
<th>Advantage ID</th>
<th>Date</th>
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Dean/Director or designee:

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<tr>
<th>Name/Title</th>
<th>Signature</th>
<th>Date</th>
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Optional Approvals:

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<tr>
<th>Name/Title</th>
<th>Signature</th>
<th>Date</th>
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</table>
If a new fund and/or agency code is required, please notify the Director of Financial Services.

Choose one:

**ORG2 Reporting Organizations (refer to accountant instructions)**

<table>
<thead>
<tr>
<th>Description</th>
<th>Name</th>
<th>Description</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Org 1 Rollup by Campus</td>
<td></td>
<td>Org 7 HR Department Code</td>
<td>(any remaining digits from Org 6)</td>
</tr>
<tr>
<td>Org 2 Rollup by Organization</td>
<td></td>
<td>Org 8 Misc Use Code (Budget Account Type Code)</td>
<td></td>
</tr>
<tr>
<td>Org 3 Not in use</td>
<td>Enter _ _ _ _</td>
<td>Org 9 Program Code-OPB</td>
<td>Enter _ _ _ _</td>
</tr>
<tr>
<td>Org 4 Not in use</td>
<td>Enter _ _ _ _</td>
<td>Org 10 Not in use</td>
<td>Enter _ _ _ _</td>
</tr>
<tr>
<td>Org 5 Activity Code</td>
<td></td>
<td>Org 11 Cash basis reference code, if applicable</td>
<td>Enter _ _ _ _</td>
</tr>
<tr>
<td>Org 6 HR Department Code</td>
<td></td>
<td>Org 12 Repeat Organization Code</td>
<td></td>
</tr>
</tbody>
</table>

**Budget Set Up**

- [ ] Budgeted
- [ ] Cash Basis

**Appropriaion Units:** Check all that apply.

- [ ] “C” Cash Basis
- [ ] “A” All Other Operating
- [ ] “B” Balance Forward
- [ ] “D” Direct Cost of Sales
- [ ] “E” Employee-Related Expenses
- [ ] “F” Student Support
- [ ] “G” Grants, Contract, Gifts
- [ ] “H” Endowment Income
- [ ] “I” Transfers In
- [ ] “M” Miscellaneous Revenue
- [ ] “O” Transfers Out
- [ ] “P” Personal Services
- [ ] “S” Sales and Services
- [ ] “T” Tuition and Fees (Student)
- [ ] “Z” Deficit Carry forward

**Series number assigned (if applicable):**

- A1 Template
- EB Template
- RB Template

**APPROVALS**

- Accountant: ___________________________  Signature ___________________________  Date ___________________________
- Supervisor: ___________________________  Signature ___________________________  Date ___________________________
- Additional Approval: ___________________  Signature ___________________________  Date ___________________________