

University of North Texas
ACCOUNT/BUDGET AUTHORIZATION FORM

Prepared by: _____ Telephone: _____

Forward ALL COPIES. Distribution will be made upon completion of the transaction.

| | | | |
|---|--|-------------------|--------------|
| Organizational Department Number and Name: | Organizational Department Holder Name and EmplID: | Telephone: | Date: |
|---|--|-------------------|--------------|

SUMMARY OF REQUEST: If requesting an increase in authority, identify the source which will fund the increase.

Notes:

When filling out this section, please use the numerical code for your F³OAP³S chartfield string.

For each transaction, the following chartfields are required: Org Department, Fund Category, Fund, Function (expenses only), Account, and Amount. The bulleted line beneath is for the detailed description.

Project, Program, Purpose and Site, while conditional, may be necessary to complete your request.

| | Org Dept | Fund Category | Fund | Function | Project | Program | Purpose | Site | Account | Amount |
|----------------------------|----------|---------------|------|----------|---------|---------|---------|------|---------|--------|
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*Additional lines can be found on the next worksheet

APPROVALS:

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|------------------------------------|------|---|------|---------------------------|------|
| Department Head/ Department Holder | Date | Dean or Director | Date | Vice President/ President | Date |
| Project ID Holder | Date | Office of Grants and Contracts Administration | Date | Other: | Date |

Processed in Budget Office: _____ Date: _____ By: _____