

THE STATE UNIVERSITY OF NEW JERSEY

RUTGERS

Division of Grant and Contract Accounting
3 Rutgers Plaza
New Brunswick, NJ 08901

REQUEST TO ESTABLISH A NON-BUDGETARY ACCOUNT NUMBER INFORMATION SHEET

Requestor:

Responsible Person _____

College or Unit _____

Responsible

Department _____

Extension _____

RIAS Organization Code _____

EBRC

Recommended Title:

Describe Purpose: (attach additional pages if needed)

Source of Income:

Estimated Annual Income:

Type of Expenditures to be incurred:

Will this account be used to support any other existing sponsored research contract or grant project? If yes, please describe:

Request for Non-Budgetary Account

Will this account be used for appointment of personnel including consultant fees? If yes, please describe:

Conditions:

1. I understand that expenditures of this account shall not exceed the cash available balance.
2. I understand that this account shall not be used for sponsored research contracts or grants for specific work or services.
3. In the event account is overdrawn you may transfer funds from account number (can not be a 4-2XXXX account number) _____ entitled _____

Approvals: _____ **Signature** _____ **Date** _____

Department Head/Chair _____
Dean or Director _____
Provost (if required) _____
Business Office _____

Persons who will be authorized to receive and expend from this account:

Name _____ Phone Extension _____

Requestor Certification:

_____ I certify that the information disclosed above is true and correct.

_____ **Name of Requestor** _____ **Date** _____

Copies: Responsible Person
_____ Department Head/Chair
_____ Dean
_____ Business Representative

Send completed form to DGCA

TO BE USED BY DGCA

request for Non-Budgetary Account

Account# _____ **Account Title:**

Accountant Code:

Responsible Person:

Department/College:

A-21 Code:
