

## New Account / Change Request Form

**TYPE** (Select one) :

**CLASS** (Select all that applies) :

**Requested Action:**

|                  |                          |                       |                          |                              |                          |
|------------------|--------------------------|-----------------------|--------------------------|------------------------------|--------------------------|
| <b>PROGRAM</b>   | <input type="checkbox"/> | <b>SCHOLARSHIP</b>    | <input type="checkbox"/> | <b>ENDOWMENT IN PROGRESS</b> | <input type="checkbox"/> |
| <b>SPENDABLE</b> | <input type="checkbox"/> | <b>ENDOWMENT</b>      | <input type="checkbox"/> | <b>3 Change</b>              | <input type="checkbox"/> |
| <b>1 New</b>     | <input type="checkbox"/> | <b>2 Inactivation</b> | <input type="checkbox"/> |                              |                          |

### 1 New Account

Recommended Acct Name: \_\_\_\_\_  
(Limit 60 Characters)

Information attached:      MOU/LOA                      E-MAIL                      MEMO                      OTHER

If OTHER, Explain: (i.e. donor doc, solicitation material, etc.) \_\_\_\_\_

Donor Name/Company: \_\_\_\_\_ Constituent ID#: \_\_\_\_\_

Endowment Report to Donor?      If YES, Constituent ID#: \_\_\_\_\_      If NO, Explain: \_\_\_\_\_

Scholarship Report to Donor?      YES      NO      If YES, Constituent ID #: \_\_\_\_\_

Name of College/Unit: \_\_\_\_\_ Name of Dept.: \_\_\_\_\_

Instructions/Comments: \_\_\_\_\_

### 2 Account Inactivation

Account Number: \_\_\_\_\_ Account Name: \_\_\_\_\_

Reason: \_\_\_\_\_

(To inactivate, account balances must be \$0.00, and pending transactions [i.e. MTF] must be cleared.)

### 3 Account Name Change

Current Name: \_\_\_\_\_

Current Account Number: \_\_\_\_\_ Current Fund ID Number: \_\_\_\_\_

New Account Name: \_\_\_\_\_

Purpose of Change: \_\_\_\_\_

#### Requested by

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #/Department: \_\_\_\_\_

#### Approved by (must be approved by the Dean OR VP)

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Phone #/Department: \_\_\_\_\_

#### UNLV FOUNDATION ACCOUNTING USE ONLY

ACCT NAME

SPENDABLE ACCT       HOSTING

ENDOWMENT ACCT       Y       N

NOTES: \_\_\_\_\_

Created/Updated by: \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

#### RECORDS DEPT:

FUND ID # (S): \_\_\_\_\_

FUND ID # (E): \_\_\_\_\_

RE # confirmed by: \_\_\_\_\_

Created/Updated by: \_\_\_\_\_

Date: \_\_\_\_\_