

NORTH CAROLINA STATE UNIVERSITY
RALEIGH, NORTH CAROLINA

**REQUEST FOR NEW FAS ACCOUNT FOR A CONTRACT, GRANT OR AGREEMENT
IS THIS A PRE-AWARD ACCOUNT REQUEST? ___ Yes ___ No**

Instructions: Complete top portion and submit through the office of the appropriate Dean or Director for approval.

Forward request to the Office of Contracts and Grants, Box 7214, Leazar Hall. ***If pre-award account request, forward request to the Office of Sponsored Program Services, Box 7514, Leazar Hall.***

Date of Request _____

Department Name _____

OUC Code _____

Purpose Code _____ Prior Year Account No. (if applicable) _____

Amount of Award \$ _____

Project No. Required? ___ Yes ___ No _____
(Project No)

Cost Sharing Required? ___ Yes ___ No

Sponsor: _____ Contract/Grant Agreement No. _____

Individual authorized to accept receipts and initiate disbursements:

Principal Investigator: _____

Campus Box: _____

Approval Recommended:

Principal Investigator

Date

Department Head

Date

College Dean/Designee

Date

Office of Sponsored Program Services
(Required for Pre-award requests only)

Date

**** TO BE COMPLETED BY THE OFFICE OF CONTRACTS AND GRANTS ****

FAS ACCOUNT NUMBER 5- _____

Institutional ___ Federal - Code 21
Trust Fund Authority: ___ State - Code 31

___ Other - Code 32
___ Local - Code 33

Purpose, including specific restrictions, terms or conditions on use of monies:

To provide accounting services for the above contract/grant/agreement in accordance with agency/sponsor guidelines, regulations, and specific terms of the award document or instrument of agreement, including the approved budget.

C&G Fiscal Manager assigned to this project: _____

Approved:

Earl N. Pulliam, Director

Date