



MONTANA STATE UNIVERSITY NORTHERN

New Index/Fund Request Form

New Index Name	_____
If Name Change: Old Name	_____
Department	_____
Contact Person	_____
Phone #	_____

Reason for Request:

Source of Revenue:

Check all that apply:

- New index #
 New fund #
 New Dept (Org) #

Expected length of time that this account will be in use:

- Less than 2 years
 2-5 years
 Over 5 years

Notes:

Director of Financial Services

Signature

Date

Vice Chancellor of Finance & Administration

Signature

Date

For Business Office use only

Index # _____ Rev. Acct. _____

Fund # _____ Fund Type _____

Org # _____ Eff. Date _____

Program _____ Set-up Date _____