# Request for New OGL Account String

Requestor Information:

|  |  |  |  |
| --- | --- | --- | --- |
| **Name:**  |  | **Email:** |  |
| **Dept.:** |  | **Phone:** |  |

**Account String Segment Values**:

|  |  |
| --- | --- |
| **Org Code:** |  |
| **Org Code Description:** |  |
| **Type of Account:** |  |

 Unbudgeted (97) or Budgeted (98): \_\_\_\_ M Code: \_\_\_\_\_ Reserve (R) or Non-Reserve (N): \_\_\_\_

**Account String Attributes**:

|  |  |  |  |
| --- | --- | --- | --- |
| Responsible Person: |  | HR ID: |  |
| Deliver to Person: |  | HR ID: |  |
| Short Account Title: |  |
| Long Account Title: |   |

Source of Funds (Where is the money coming from; Please be as specific as possible):

**Source of Funds (Where the funds are**

\_\_\_ HSF \_\_\_ Rent \_\_\_ Continuing Education Fees

\_\_\_ Consulting Income \_\_\_ Professional Services \_\_\_ SRI

\_\_\_ Ticket Sales \_\_\_ Transfers In \_\_\_ Insurance/Court Proceeds

\_\_\_ Sales/Services \_\_\_ Student Fees \_\_\_ Penalties/Fines

\_\_\_ Contract Residuals \_\_\_ Medical Directorship \_\_\_ Patents/Royalties

\_\_\_ Patient Revenue \_\_\_ Registration Fees \_\_\_ Gifts (attach gift agreement or other

\_\_\_Other **(*please list/describe***) information if applicable)

External Restrictions (Required for restricted/gift accounts):

Internal Designations (Describe how the funds will be used):

**Account Purpose:**

Other Information:

**Note: Any future changes related to the source or use of funds in this account must be approved by the Controller.**

The requestor should complete the request form and email it (as Microsoft Word attachment) to the applicable School/Executive Fiscal Officer, asking the fiscal officer to forward it via email with the fiscal officer’s approval indicated in the email to Financial Accounting at FinAccounting@uab.edu. .

Rev 8/22