

# GENERAL LEDGER ACCOUNT REQUEST FORM SYSTEMS (FMS & MinX )

NAME OF PERSON MAKING REQUEST <i>(Last, first, middle initial)</i>	E-MAIL ADDRESS:  WORK PHONE NUMBER	DATE OF REQUEST
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TYPE OF REQUEST     NEW                     UPDATE                     DEACTIVATE                     DELETE

REASON FOR ACCOUNT OR CHANGE:

For document tracking purposes please save the file with General Ledger Number and Date (GLNUM\_DATE.pdf) and include the file name in the adjacent box.

**F** Account:                     Acct Name:                     Short Name:   
**M**  
**S** Normal Balance:                     SGL Acct:                     Mirror Acct:                     Fiscal Year:   
*\* There are a number of additional flag settings that are not on this form. If you decided to mirror an account we will use the flag settings from the existing account. Additional information may be needed.*

**M** Account:   ICP                    Acct Name:                     Short Name:   
**i** Normal Balance:                     USSGL Acct:                     Mirror Acct:                     Fiscal Year:   
**n** Trading Partner:                      Will impact MinX Treasury Report on Receivables (TROR)  
**X** Please select the financial statements where this account will be included:  
 Balance Sheet     Change in Net Position     Net Cost     Statement of Budgetary Resources     Statement of Financing  
*\* Please indicate in the comments / notes section the desired location of this account for all statements and footnotes. If possible, chose an existing account to mirror all settings.*

NAME OF SUPERVISOR / TITLE (PRINT)	SIGNATURE OF SUPERVISOR	DATE SIGNED
NAME OF FSC APPROVER / TITLE (PRIINT)	SIGNATURE OF FSC APPROVER	DATE SIGNED
NAME OF OFP APPROVER / TITLE (PRIINT)	SIGNATURE OF OFP APPROVER	DATE SIGNED

REQUESTOR DIGITAL SIGNATURE

SUPERVISOR DIGITAL SIGNATURE

FSC DIGITAL SIGNATURE

OFP DIGITAL SIGNATURE

COMMENTS / NOTES: This section can be used to add additional informations about the account.