



THE UNIVERSITY OF CHICAGO  
REQUEST FOR AN UNRESTRICTED / RESTRICTED ACCOUNT - LEDGER 2, 4, 7, 8 & 9

PART I TO BE COMPLETED BY DEPARTMENT

A. ACCOUNT TITLE (Short-20 Character limit) \_\_\_\_\_ Ledger ( ) 2 ( ) 4 ( ) 7 ( ) 8 ( ) 9  
B. ACCOUNT TITLE (Long-60 Character limit) \_\_\_\_\_  
C. FUNDING SOURCE OR ORGANIZATION \_\_\_\_\_ PROPOSED ACCOUNT NO. \_\_\_\_\_  
D. PURPOSE OF ACCOUNT \_\_\_\_\_

E. ACCOUNT ADMINISTRATORS \_\_\_\_\_ PAYROLL NO. \_\_\_\_\_ ADDRESS \_\_\_\_\_ A.A. BUILDING NO. \_\_\_\_\_

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

F. EXEC LEVEL \_\_\_\_\_ DEPARTMENT \_\_\_\_\_ DEPARTMENT SUBUNIT \_\_\_\_\_ DEPARTMENT SUB-SUBUNIT \_\_\_\_\_  
G. USERS ATTRIBUTES 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ H. LEDGER 7 ONLY - CBRF ( ) YES ( ) NO  
I. AUTHORIZED SIGNERS \_\_\_\_\_ PAYROLL NO. \_\_\_\_\_

1. \_\_\_\_\_ 3. \_\_\_\_\_  
2. \_\_\_\_\_ 4. \_\_\_\_\_  
J. ABR OPTION \_\_\_\_\_ K. LEDGER 7 ONLY - IF ASSOCIATE GIVE MASTER ACCOUNT NO. \_\_\_\_\_  
L. ACCOUNT REQUESTED BY \_\_\_\_\_ PHONE NO. \_\_\_\_\_ DATE \_\_\_\_\_

PART II TO BE COMPLETED BY DIVISION

A. ACCOUNT APPROVED BY \_\_\_\_\_ PHONE NO. \_\_\_\_\_ DATE \_\_\_\_\_

PART III TO BE COMPLETED BY COMPTROLLER'S OFFICE

A. ACCOUNT NO. ASSIGNED \_\_\_\_\_ APPROVED BY \_\_\_\_\_ ENTERED BY \_\_\_\_\_ DATE \_\_\_\_\_

B. MAP CODE \_\_\_\_\_ FUNCTION CODE \_\_\_\_\_ C.O. RESPONSIBILITY \_\_\_\_\_ NACUBO EXPENSE CODE \_\_\_\_\_ NACUBO REVENUE CODE \_\_\_\_\_

C. PARS CODE \_\_\_\_\_ YEAR END \_\_\_\_\_ ROLLUP RESPONSIBILITY \_\_\_\_\_ AMO 46/47 \_\_\_\_\_

D. BUILDING # P.P. & C \_\_\_\_\_ FIXED ASSET # \_\_\_\_\_ ARCHITECT'S PROJECT # \_\_\_\_\_ CAPITALIZATION INDICATOR \_\_\_\_\_

COMPTROLLER'S OFFICE

## Part II To be completed by Division

In order to assign the proper attributes and to properly compute the Indirect Cost Rate, we need the following additional information. If you have any question on filling out this information please contact the Comptroller's Office contact person for your department.

1.) What types of expenses or revenues will be accounted for in this account?

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2) What types of activities are the above expenses to be incurred for? See below for explanation of activities.

**SELECT ONE CATEGORY ONLY**

- A) Instruction/Departmental Research       B) Divisional/Departmental Administration  
 C) General administration       D) Operations & Maintenance  
 E) Student Administration       F) Library  
 Other (please explain) \_\_\_\_\_

- A)** Teaching and training projects and Block Funds only  
**B)** Administrative and supporting activities that occur in the Deans offices and academic departments that benefit common or joint departmental activities  
**C)** Activities that involve the overall central administration of the university, such as activities of the President's Office, Comptroller's Office and Budget Office.  
**D)** Activities of Facilities Services for the administration, supervision, operation, maintenance, preservation and protection of the University's physical plant. It also includes the activities of the University Police.  
**E)** Activities related to the administration of student affairs and to provide services to students such as: deans of students, admissions, registrar, counseling and placement services, advisors, catalogs, commencement/convocation, guidance of students, selection of new students and writing references for students. Excluded is student activities such as athletics and student groups.  
**F)** Activities involving the operation of the University's Libraries (i.e. Regenstein, Crerar, Eckhart, Yerkes, Harper, Jones, Law and Social Service Administration), including the cost of books and library materials.

3) Is this account allowable or unallowable?  
(See Financial Policy #1013 for explanation)

Allowable       Unallowable

4) Is there an existing General Ledger account (0-XXXXX) which this account should map to?

Yes (Please list the existing account number \_\_\_\_\_)  
 No. Please map to a unique map code.

5) Is this account to be reappropriated at the end of each fiscal year?

Yes (If Yes Divisional Managers Signature \_\_\_\_\_)  
 No

Department Contact: \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_