

STUDENT ACTIVITY / BUILDING SPECIAL REVENUE

REQUEST FOR NEW ACCOUNT - QUESTIONNAIRE

CCSD Location:	Account Title:
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Today's Date:	Person Requesting Account:
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1. What will be your source(s) of revenue? (i.e. fundraiser, t-shirt sales, donations, etc.)

2. Will students be involved in generating revenue? Yes _____ NO _____
If YES, HOW?

3. What/Who will the purchases be used for? (Students, employees, supplies for students or employees, etc. - Give as much detail as possible.)

4. Who will decide how these funds are spent? (students, staff, combination)

5. Will there be a student run committee? Will notes/minutes be taken?

6. Is building administrative approval needed? YES _____ NO _____
If YES, WHO?

7. Who will be the School District contact sponsor or person for this account?

8. Do you intend to disperse any type of scholarship or donation from this account?
YES _____ NO _____
IF YES, What type and who will be making the decision?

9. Is this a permanent or temporary account? (Temporary 1 year or less)

10. What account with take care of any overages if overspent?

11. What is the anticipated amount for this account?

I authorize the creation of this account within my school/department.

Principal/Supervisor signature:

RETURN TO THE FINANCE DEPARTMENT FOR ACCOUNT ASSIGNMENT

** For ESC use only**		Reviewed by:	Date:		School Notified of Code Set-up	
Type of Account Assigned:		Account Name			Program in GNL	Scan/Save
Student Activities (80)		Account Number			InTouch Acct String	P-Card
General Fund (02)		Budget Information	Sent	Received	Acct Strings Created	Control Group
02 Accounts only:		Budget Journal Entry#	BJE Date:		Contingency Amount Reduced	