

FINANCIAL SERVICES 3000 College Dr. S Lethbridge Alberta T1K 1L6 Tel. 403.380.5658

ACCOUNT INFORMATION

							CI	REATE		REVI	SION	
ACCOUNT NAME : (25 characters)			COLLEAGUE :	#:		-000)-					
RESPONSIBLE PERSON:				BUDGET	OFFICER #:							
GST STATUS :	TAXABLE ZERO-RATED			EX	EXEMPT CHAI		ABLE		N/A			
Describe Business Activity:												
What class of programming	N/CR	COMB	INATI	ON								
Source(s) of Direct Funding:												
Comments on Operating Rules, Special Reporting, Special Contracts, Audit Requirements (Internal, External) or other information: (attach a copy of pertinent data which communicates administration requirements of this account ie. Contracts, Budget Worksheets)												
Signing Authority (1) (Primary Responsible Person) Signing Authority (2) (Second Responsible Per					on if required): DATE: yy/mm/dd							
Account Request Approval: (Dean/Director, CLC Member)						DATE: yy/mm/dd						
TO BE COMPLETED	BY FINANC	CIAL SER	VICES/BU	DGET O	FFICE:							
BUDGET OFFICER: BUDGET WORKSHEET: (initial)					GLOM UPDATE:	GLOM UPDATE: (initial) DATE: yy/mm/dd						
FISCAL YEAR COMMENCEMENT: ACTIVE INACTIVE G/L ACCOUNT TAG:												
MISC 1: INTEREST ☐ NO ☐ YES: ☐ 03505 ENDOWMENT ☐ 03500 REGULAR					MISC 2: AGENCY ACCT.							
APPLY TO COLLEAGUE #:	-000-			46000	CROSS REFERE OLD ACCOUNT (if applicable)	NCE		-000	-			
APPROVAL: Financial Services							DATE: yy/mm/dd					
CREATED IN COLLEAGUE:							DATE: yy/mm/dd					
SECURITY SECTION	l:											
GL Security Role:							DATE: yy/mm/dd					
PURCHASING SECURITY: APGL (approval class) (initial): APPM (approval MTC.) (initial):							DATE: yy/mm/dd					
FRX TREE UPDATE (Budget Officer)							DATE: yy/mm/dd					