



Dept. Name _____
Division _____
Prepared By _____
Date _____ Phone Number _____

REQUEST FOR BALANCE SHEET ACCOUNT SETUP

General Information

Fiscal Year _____	Effective From _____
BSA _____	Effective To _____
Name _____	Active <input type="checkbox"/>
Short Name _____	Cash Account <input type="checkbox"/>
Account Type _____	Memo Account <input type="checkbox"/>
Level of Balance Control _____	Payroll <input type="checkbox"/>
FASB Class _____	Contributed Account <input type="checkbox"/>
Contact Code _____	
Description	<div style="border: 1px solid black; height: 60px; width: 100%;"></div>

Roll Ups

BSA Class _____	BSA Group _____
BSA Category _____	CAFR Minor BSA Group _____
BSA Type _____	

1099 Info

1099 Type of Income _____	Legal Services <input type="checkbox"/>
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