UNIVERSITY SYSTEM OF NEW HAMPSHIRE
CUFS ACCOUNT REQUEST
(shaded areas are completed by the Controller’s Office)

Date: ________________       Campus:  _______________ New Account

If this is a modification, what is the existing CUFS account number?
Requested by: ____________________________________ Fund ___ ___ ___ ___      Area ___ ___ ___     Org ___ ___ ___ __

Describe the reason for modification: ___________________________

Phone:  ______________   Department:  _______________   _________________________________________________________

A. Organization

Fiscal year ___ ___       Default Fund ___ ___ ___ ___       Area ___ ___ ___       Organization:  _________

Org Name: ________________________________

Org Manager Name: ____________________

Org Short Name: ____________________

Responsible Area ___ ___ ___       Responsible Org ___ ___ ___ ___

Function ___ ___ ___ ___       Multi Year Yes No (fiscal year) (circle one)

Reporting Organization:       Level Indicator ___       Org 1:  _________       Org 2:  _________       Org 3:  _________

B. Fund

Fiscal Year ___ ___       Fund ___ ___ ___ ___       Fund Group ___ ___ ___ ___       Fund Category ___ ___ ___ ___

Fund Name: ________________________________

Fund Short Name: ____________________

Fund Balance Control $________

Must be zero or a predetermined positive balance
(If negative attach explanation)

Fund Control Options

Expense Budget Controls: P or C
Revenue Budget Controls: P or C
Appropriation Control: P or C or N
(Presence or Full controls)
(Presence or Full controls)
(Presence or Full controls or No Controls)

Fund Bal: C       Allot: N       Memo Depr: N

C. Area

Fiscal year ___ ___       Area ___ ___ ___

Area Name: ________________________________

Area Short Name: ____________________       Area Manager: ________________________________

CUFS tables to edit (circle)        FBAL        FDAR        Rediview        FAOX        Security        FBSR:  ____ / ____ / ____

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