D. Information Required for New Accounts

1. BASIC INFORMATION
   a. Describe in detail the purpose for this account, and any special circumstances. You should include an explanation of
      why you need a new account (vs an existing account), what type of accounting activity you expect to go through this
      account, what is the source of funds, and will the funding be continued or renewed?
      (continue on separate page if necessary, or attach a separate explanatory memo)

2. FUNDING INFORMATION
   a. Estimated total annual revenues/expenditures $  __________________________
   b. Are there any restrictions placed on the funds by the donor or any other person or group outside USNH?
   c. Are these funds internally designated by Trustees or administration for a specific purpose?
      If so, attach contracts or agreements.
   d. Are the operations in this account affiliated with any organization external to USNH? If so, attach contracts on
      agreements.

3. OPERATIONAL INFORMATION
   a. Are account activities expected to be self-supporting? If not, full CUFS appropriation control is required.
   b. Will there be sales of goods or services? To whom?
   c. Will bills be issued for sales or services to customers?
   d. Will there be inventories of goods held for resale?
   e. Is Unrelated Business Income Tax or NH Meals and Rooms Tax applicable to account activities?

4. AUTHORIZATION INFORMATION
   a. Are signature card(s) attached? If no, explain ______________________________________________________
   b. Are CUFS security form(s) attached? If no, explain____________________________________________________
   c. Person responsible for Reconciliation: _______________________________________________________________
      Last Name, First, Title

E. Certification and Approval  (Necessary for both Account Creates and Modifications)

I certify that I will comply with all applicable policies and procedures of USNH. Furthermore, I will be responsible
for all monthly reconciliations and safeguarding of all assets associated with this account. I understand that deficit
spending is specifically not allowed.

Signature of Account Manager: ___________________________ Date:___________________

Approved by (if applicable): ___________________________ Date:___________________

Approved by Campus Financial Office: ___________________________ Date:___________________

Approved by USNH Controller's Office: ___________________________ Date:___________________

F. Notification

The Controller's Office will notify the following CUFS User ID number when the CUFS account has been established.   CUFSU ______.

Reminder - The end User is responsible for Sub-system Notification (circle) Banner Benefactor SAM

Form USNH-F11   Original 04/01/90       After Campus Financial Office approval, send to Box 9, Controller's Office
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