



SOUTHERN ILLINOIS UNIVERSITY  
CARBONDALE

## DEPARTMENTAL ACCOUNT SET-UP REQUEST for the Bursar's I-Payment Screen

**DEPARTMENT:** \_\_\_\_\_

Department IP address range: \_\_\_\_\_

(Note: This is needed for access to the application to be granted)

Contact Name for Department: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number : \_\_\_\_\_

**AIS ACCOUNT NUMBER ACCESS:** (See reverse side to request additional access.)

Budget Purpose Description: \_\_\_\_\_

	Acct Number	Editable		Acct Number	Editable
Fund			Natural Account		
Unit			Object		
Budget Purpose			Source Funds		
Dept. Activity 1			Fiscal Year		
Dept. Activity 2			Inst. Activity	00	
Function			Future Use	0000	

\*\*All fields are required

Allow negative amounts to be deposited into this account? Yes \_\_\_\_\_ No \_\_\_\_\_

Budget Purpose Description: \_\_\_\_\_

	Acct Number	Editable		Acct Number	Editable
Fund			Natural Account		
Unit			Object		
Budget Purpose			Source Funds		
Dept. Activity 1			Fiscal Year		
Dept. Activity 2			Inst. Activity	00	
Function			Future Use	0000	

\*\*All fields are required

Allow negative amounts to be deposited into this account? Yes \_\_\_\_\_ No \_\_\_\_\_

Department Fiscal Officer: \_\_\_\_\_

Fiscal Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Dept. Activity 1			Fiscal Year		
Dept. Activity 2			Inst. Activity	00	
Function			Future Use	0000	

\*\*All fields are required

Allow negative amounts to be deposited into this account? Yes \_\_\_\_\_ No \_\_\_\_\_

**\*\*Copy this sheet if access to more accounts is needed.**