



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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**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.**