



Application for SAP Account Number

Date Prepared _____ Forward to: Accounting Office, Clarion University of PA
Carrier Hall, Clarion, PA 16214

Account Name (20 characters) _____

Purpose of Account _____

Source of Funds.....

- Regular E&G Operating Budget
- Separate PASSHE Funding
- Federal Grants _____ CFDA# _____
Federal Agency
- State Grants _____
State Agency
- Other Grants/Contracts _____
Specify Source
- Gifts/Donations _____
Specify Donor
- Sales _____
Specify
- Fees/Service Charges _____
Specify
- Other _____
Specify

Type of Account.....

- Regular E&G Fiscal Year Account (July 1 – June 30) _____
- Project/Grant Account _____
Starting Date _____ Ending Date _____
- Plant Fund Account _____
- Other _____
Specify

Responsible Person _____

Name _____ Signature _____

Campus Address _____ Department _____

Campus Email _____ Campus Phone _____

Approvals.....

Dean/Director _____
Print Name Signature

Vice President _____
Print Name Signature

Accounting _____
Signature Date

For Accounting Office Use Only:	
SAP Cost Center/WBS Number	CCAR Code
SAP Fund Center Number	SAP Fund Number
Hierarchy	Release Code