



EXCEPTIONAL CARE. WITHOUT EXCEPTION.

# New Lawson Accounting Unit Request Form

For Hospital and Non-Research Related

### Accounting Unit Information

Accounting Unit Name \_\_\_\_\_ Company   
(30 characters) Print

#### Purpose:

Vice President \_\_\_\_\_ (Signs over \$50,000)  
Print

Director \_\_\_\_\_ (Signs up to \$50,000)  
Print

Manager \_\_\_\_\_ (Signs up to \$2,500)  
Print

Supervisor \_\_\_\_\_ (Signs up to \$2,500)  
Print

### Operating Accounts Required

Revenue	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Salary expense	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Non-salary expenses				
Inventory orders	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Purchase orders	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Check requests	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

#### Requested by

Print Director's Name \_\_\_\_\_ Extension \_\_\_\_\_ Director's Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit this form to John Lindstedt, Finance, PE Building.

### Development Accounts Requested ( Please provide documentation & budget worksheet)

Restricted Accounting Unit	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Unrestricted Accounting Unit	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

#### Approved by General Accounting

Print \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

#### Financial Information Systems Use

Accounting Unit Number \_\_\_\_\_  Cash Code Updated

Set up by \_\_\_\_\_  
Print \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Forward this form to Materials Management for requester and location set up.