Change in account responsibility

Start Date _____

List Speedtypes:	**Speedtype #**	**Description**

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

_____   _____

Responsible Person was: _____

New Responsible Person:

   Name: _____

   Title: _____

   Department: _____ Campus: _____

   Phone Extension: _____ Mail Zip: _____

Reason for change: _____

_____

Approvals:

   Requester: _____

   Department Chair/Director: _____

★ Send completed form to: Budget Office for Budgetary Accounts, @6202

                         Controller's Office for Non-Budgetary Accounts, @6205

★ If the Responsible Person requires Security Access to Financial Budgetary Inquiry, please fill out a Computer Center Security Form and forward to the Controller's Office.

BUDGET & CONTROLLER'S OFFICE USE ONLY

Approved By: _____

Other Comments _____

_____