

**UNIVERSITY OF MARYLAND COLLEGE PARK
E & G DESIGNATED FUND ACCOUNT REQUEST**

PLEASE PRINT THIS FORM, FILL IN THE INFORMATION BELOW AND FORWARD THE FORM TO: General Accounting, 4113 Chesapeake Bldg.

ACCOUNT TITLE: _____ FRS ACCOUNT NO: _____

DEPARTMENT NAME: _____ DEPT NO: _____ SUB-DEPT NO: _____

Is this request for the renewal of an existing FRS account? Yes No Is this account a Recharge Center? Yes No

Program (XX): _____ (Instruction 01, Research 02, Public Service 03, Academic Support 04, Student Services 05, Institutional Support 06, Physical Plant 07, Auxiliary Enterprises 08)

Note: Accounts for Academic Units are generally programs 01, 02, 03, or 04.

Deficit balance will be covered by transferring from account # _____ Business Contact: _____ Phone: _____

Duration of activity/Term date (estimated completion date of activity associated with or necessitating the continuation of this account): _____

Description of activity and how it fits the University's mission:

Business Cycle: Describe the cyclical nature of operations (i.e. revenues received in fall semester, expenses incurred during spring; revenues and expenses recognized at the same time throughout the year; etc.).

Growth potential: Describe potential growth and/or diversification, if any, of activity that may evolve from this account.

APPROVALS: must have Dean/VP signature. In Chairperson/Dean/VP absence, must be signed by next highest authority.

Department Chairperson _____ Date _____

Dean or Vice President _____ Date _____

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For Comptroller's Office Use Only:

Comptroller (VP Designee) approval: _____ Date _____

Budget Office approval of accounts with est. activity over \$100,000: _____ Date _____

Cost accounting approval of Fee for Recharge Centers: _____ Date _____

Comments: _____

GL Account _____ Prog/Element _____

FRS ACCOUNT NO:

REVENUE SOURCES			Total Revenue	% of Total Rev.	Amount
TOTAL REVENUE					
INTERNAL: (JV to/from other UMCP departments)					
EXTERNAL: (Enter total external \$ to the right then complete section below)					
<u>Agency/Company/Institution Name</u>					
Federal Agencies:	_____	Enter the amount in the			
	_____	far right column, and			
State Agencies	_____	compute the % of total			
	_____	Revenue.			
UM Institutions:	_____				

Private Industry:	_____				

Individuals (includes UMCP faculty, staff, students paying as individuals)					

PROPOSED BUDGET		
	Year 1	Year 2
BEGINNING BALANCE (7/1)		
Revenue:		
External		
Internal (UMCP Departments)		
TOTAL REVENUE		
TOTAL EXPENSE		
BALANCE AVAILABLE		

FEE SCHEDULE (if you charge a fee for sales, service, rents, etc.)					
FEE DESCRIPTION	Current Rate		Proposed Rate		
	Rate	Unit of	Rate	Unit of	
	Amount	Measure	Amount	Measure	
Fee 1. _____	_____	_____	_____	_____	
Fee 2. _____	_____	_____	_____	_____	
Fee 3. _____	_____	_____	_____	_____	

SALARIED EMPLOYEES	
Does this account have any line item positions? _____	If yes, please list the position titles below.
_____	_____
_____	_____

BALANCE SHEET ACTIVITY	
1. Inventory: Does this activity purchase items for resale? _____	If yes, answer the questions below.
Describe the general nature of the items. _____	
What is anticipated level of inventory to be maintained? \$ _____	
Are these inventories reported to the Comptroller's Office at year end? _____	

2. What are the potential components (dollar volume and nature of items) for each of these year end entries to the General Ledger?		
	Dollar Volume	Nature of items
Accounts Receivable - funds due from outside sources/vendors	\$ _____	_____
Prepaid Expenses - payments for future benefits	\$ _____	_____
Accounts Payable - funds due to outside sources/vendors	\$ _____	_____
Deferred Revenue - revenue received before it is earned	\$ _____	_____