



CENTRAL PHILIPPINE UNIVERSITY  
Iloilo City Philippines

OFFICE OF UNIVERSITY ACCOUNTANT  
REQUEST FOR ACTION ON ACCOUNT NUMBER

Requested by: \_\_\_\_\_  
Printed Name and Signature Dept (Month/day/yr)

Please check appropriate box.

Request for creation of new account no. Account Name: \_\_\_\_\_

Justification: \_\_\_\_\_  
\_\_\_\_\_

Request for deletion of or merging of account nos. Account nos. involved: \_\_\_\_\_

Justification: \_\_\_\_\_  
\_\_\_\_\_

Account no. to be retained, if any: \_\_\_\_\_ Name: \_\_\_\_\_

Approvals:

\_\_\_\_\_  
Unit Head

\_\_\_\_\_  
University Accountant

\_\_\_\_\_  
VP- Finance and Enterprises

Please return this form to Office of University Accountant for system updating

For University Accountant to fill up: \_\_\_\_\_ Date of effectivity of acct creation or change in system \_\_\_\_\_

ACC Form No. \_\_\_\_ Effective Oct 3, 2005