DY New Account Instruction Sheet

Title	Description
Document Overview	
Description	Short description ex: Dr. Smith's testing account.
Explanation	Short explanation ex: Create new account for Dr. Smith's testing project.
Org Doc #	Leave blank.
Account Maintenance	
Chart Code	MS
Account Number	Auto generated when document is submitted for routing.
Account Name	Name of the account ex: Dr. Smith's Microbial Testing.
Organization Code	CUC code for the unit responsible for bookkeeping.
Campus Code	EL – East Lansing Campus.
Account Effective Date	Start date for the testing account.
Account Expiration Date	Leave Blank.
Account Postal Code	Address for the unit responsible for bookkeeping.
Account City Name	Address for the unit responsible for bookkeeping.
Account State Code	Address for the unit responsible for bookkeeping.
Account Street Address	Address for the unit responsible for bookkeeping.
Account Off Campus Indicator	Mark this box ONLY if this is an off-campus project service center.
Closed?	Do NOT mark this box when setting up an account.
Acct Type Code	NA - Not Applicable
Sub-Fund Group Code	DY = Fee for Service
Mission Code	Leave Blank unless unit feels it is necessary to complete.
Program/Initiative Code	For use at the Department's discretion
Higher Education Function Code	3XXX = Public Service (also testing)
Category Code	Leave Blank
Endowment Chart of Accounts Code	Leave Blank
Endowment Account Number	Leave Blank
Historical Account Number	Leave Blank
Legacy Account Number	Complete with historical testing account number or leave blank if none exists.
Source of Funds Code	OT = Other, even if sources may be industry, local, etc.
Use of Funds Code	For use at the Department's discretion
Payroll Related Attributes	

Title	Description
Non-Grad Fringe Benefit	Leave box checked
Non-Grad Fringe Benefit Chart of Accounts Code	Leave Blank
Non-Grad Fringe Benefit Account Number	Leave Blank
Grad Tuition and Fees Fringe Benefit	Leave box checked
Grad Fringe Benefit Chart of Accounts Code	Leave Blank
Grad Tuition and Fees Fringe Benefit Account Number	Leave Blank
Grad Health Fringe Benefit	Leave box checked
Grad Fringe Benefit Chart of Accounts Code	Leave Blank
Grad Fringe Benefit Account Number	Leave Blank
Account Salary	Leave box checked
Clerical Salary	Leave box checked
Salary Encumbrance End Date	For use at the Department's discretion
Account Responsibility	
Fiscal Officer Principal Name	Unit Fiscal Officer Net ID
Fiscal Officer Name	Auto populated based on Principal Name selection
Account Supervisor Principal Name	Unit Chair, director, or other supervisor's Net ID
Account Supervisor Name	Auto populated based on Principal Name selection
Account Manager Principal Name	Account PI's Net ID
Account Manager Name	Auto populated based on Principal Name selection
Continuation Chart of Accounts Code	MS
Continuation Account Number	Enter department GA account number
Budget Record Level Code	N – Not Budgeted
Account Sufficient Funds Code	N – No Checking or For use at the Department's discretion

Title	Description
Transaction Processing Sufficient funds Check	Do Not Check
Administration Fee	Do Not Check
Object Presence Control Indicator	Do Not Check
Contracts and Grants	
Contract Control Chart of Accounts Code	Leave Blank
Contract Control Account Number	Leave Blank
Project Begin Date	Enter start date for testing account.
Project End Date	Enter end date as five years from testing account start date.
Account Indirect Cost Recovery Type Code	**99** = Fee for Service
Indirect Cost Rate	**926** = 26%
CFDA Number	Leave Blank
CG Account Responsibility ID	**2**
CG Account Type Code	**DY** = Fee for Service
Agency Number	Leave Blank
Agency Name	Leave Blank
Indirect Cost Recovery Accounts	
Indirect Cost Recovery Chart of Accounts Code	**MS**
Indirect Cost Recovery Account Number	**DR100001**
Account Line Percent	100 as all Indirect Costs are charged to DR100001
Active Indicator	Leave box checked
Plant	Do not use.
Plant Fund: Funding Source/Commitments	Do not use.
Revolving	Do not use.
Income from Performing Testing or Providing Service?	Department to review and answer appropriately.
Users/Customers Include Federal Grants or Federal Pass-thru Funds?	Department to review and answer appropriately.
Users/Customers Include On-campus Entities?	Department to review and answer appropriately.

Title	Description
Users/Customers Include Off-Campus or For-Profit Entities (non-grant)?	Department to review and answer appropriately.
Billing Rates for Testing/Service approved by Financial and Cost Analysis?	Department to review and answer appropriately.
Billing Rate Approval Letter Date (attach approval letter & rates)	Department to review and answer appropriately.
Guidelines and Purpose	
Account Published Name	Enter account title as it should appear on university reports (BI)
Sort Field Name	First 10 characters of the project title or Department's discretion.
Account Expense Guideline Text	Types of cost charged, ex: All Costs; Salaries Only; Equipment Only
Account Income Guideline Text	Testing account reference ex: Dr. Smith's testing projects
Estimated Annual Income	Department to complete as appropriate
Account Purpose Text	Purpose of the account, ex: Account supports Dr. Smith's testing project.
Account Description	Do not use.
Notes and Attachments	
Add	Include copies of approved rates, waivers, or other required documentation.
Ad Hoc Recipients	For use at the Department's discretion. Do not ad hoc CGA, we are already on the route for approval.
	Hit submit to route the DY account request for approval.