Canutillo Independent School District

Street Address: 7965 Artcraft Rd. El Paso, TX 79932

Mailing Address: P.O. Box 100 Canutillo, TX 79835

	To:	Director of Financial Service	
	From: Date:		
	Subject:	Request for a New Account Set-up	
I am requ		sting a new account, please see below:	
	Account T	ype: Local Special Revenue Activity Bond Project	
	Account #	:	
	Justification	on: (Reason for Request / Purpose / Utilization of the Account):	
	Requestor (Business Age	: ent/Office Manager)	
	Approval (Must be budg	oval Signature: e budget authority, such as Principal/ Director/Administrator)	
	Approval	Signature: Accountant (if applicable)	
	Approval	Signature: External Funding Coordinator (if applicable)	
	Approval	Signature:	
For furth	her assistanc	e with the form contact an Accountant at Financial Services.	
•••••	For Financia	ıl Services Use Only	
	Date Receive	d:	
	Date Process	red:	