



Board of Cooperative Educational Services
 www.capregboces.org
 Leaders for Educational Excellence

Office of the Assistant District Superintendent
 for Management Services

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WINCAP ACCOUNT CODE REQUEST FORM

Date: _____

Requester Name: _____ Division: _____ Create standard set of expenditure/revenue accounts: Y N

APPROPRIATION

FUND: __ (1)
 CoSer: ___ (3)
 ACTIVITY: _____ (4)
 OBJECT: _____ (3)
 LOCATION/DIVISION: __ (1)
 PROGRAM: __ (2)
 TRANSFER: ___ (3)

REVENUE

FUND: __ (1) UNIT COST: _____
 CoSer: ___ (3) BILLING UNIT: _____
 (i.e. FTE, RWADA, Job, hourly, per session)
 REVENUE CODE: _____ (4)
 SERVICE: _____ (3).(3)
 and/or
 SUBSERVICE: . _____ (3)
 CoSer LINK: ___ (3)
 PROGRAM LINK: __ (2)

Description of Request: _____

Reason for Request: _____

Approval	Date Received	Approved	Denied	Reason
Division Director	_____	_____	_____	_____
Budget Analyst	_____	_____	_____	_____
Business Administrator	_____	_____	_____	_____
WinCap System Manager	_____	_____	_____	_____

Account Codes will not be processed unless form is completed in detail and submitted with appropriate approvals.