



PROJECT CREATION FORM

Project Accounting No.: _____ (Ex: BL9876)

Accela Record No.: _____ (Ex: DR19-7890)

Deposit Account No.: _____ (Ex: DDA1234) or

Non-Deposit Account Code: _____ (Ex: NF, FF etc.)

Start Date: _____

Project Description: _____

City Staff Project Manager: _____

If this project is for a non-deposit account (CFDs, DIFs etc.) you may stop at this point. Otherwise please fill out the remainder of the form.

Payer Information (if funds are left over from initial deposit, who shall funds be submitted to):

Company: _____ Contact Name & Title: _____

Street Address: _____ Suite/Apt: _____

City: _____ State: _____ Zip Code: _____

Phone No: _____ Email Address: _____

Billing Information (if additional funds are required, who is responsible for making such payments):

Company: _____ Contact Name & Title: _____

Street Address: _____ Suite/Apt: _____

City: _____ State: _____ Zip Code: _____

Phone No: _____ Email Address: _____

Route to:

- Sr. Management Analyst (DSD) Finance Dept (Revenue & Recovery) Project Manager