Financial Systems & Technology

Name of Requestor:

Department Name: Phone #:

Signature of Requestor: _____

Signature of Department Head (if not same): _____

Signature of Dean: _____

Signature of Divisional Budget Officer: _____

Signature of University Budget Office: _____

PURPOSE OF COST CENTER

Suggested Title:

Financial Steward: Phone #:

CostCenter Manager: Phone #

Division: Sub-Division:

Operating Unit: Department:

EXPENDITURES

          Yes   No

          Regular   Contractual   Student Help

          Yes   No

     From: To:

Source   Cost Center(

NEW COST CENTER SET UP CHECKLIST

Cost Center Value (Manage   COA Value Set Values)

Alias