

Current General Funds Cost Center Request Form

Person Completing Form: _____ Phone No: _____

Cost Center Type: Expense Income

Suggested Cost Center Number (7 or 10 Characters): _____

Short Name (20 Characters): _____

Long Name (40 Characters): _____

Business Area: _____ State Allotment Code: _____

Expense Functional Area: _____

Income Functional Area: _____

College & Department: _____

Funds Center: _____

Does this funds center need to be established? YES NO
(If so, please complete and attach the New Funds Center Request form.)

MOU Reporting Area (Vice-Chancellor Code): _____

Ag Funding Source: _____ Dean/Director Code: _____

Responsible Person Name: _____

Responsible Person Personnel Number: _____

Campus Address: _____

If Expense: Will this cost center be funded for Staff Benefits?

If Income: Source of Funds: _____

Source of Funds Detail: _____

REQUIRED EXPLANATION

Please briefly explain the need and intended use for the Cost Center. Note any additional information that you feel would be relevant and attach any supporting documentation.

Chief Business Officer

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Office of Vice Pres. For Budget & Finance