

NEW ORGANIZATION REQUEST

FACULTY / DEPARTMENT / UNIT INFORMATION

Your Name: _____
Organization: _____
Email: _____
Phone #: _____ Date: _____

ORGANIZATION INFORMATION

(Identifies WHO spent the money. Usually the faculty or unit of budget responsibility and/or departments.)

Suggested Organization Name
(35 char max): _____
Default Fund Code: _____
Reason for new Organization: _____

SIGNING AUTHORITIES:

PRIMARY SIGNING AUTHORITY for Organization:

EMPLOYEE #	EMPLOYEE NAME	SIGNATURE
_____	_____	_____

Hard Copy Reports Required: Y N

ALTERNATE SIGNING AUTHORITY/(IES)

Include the Faculty Dean, Department Head &/or Unit Director if applicable.

EMPLOYEE #	EMPLOYEE NAME	SIGNATURE
_____	_____	_____
_____	_____	_____

EMPLOYEE #	EMPLOYEE NAME
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PAYROLL MAIL	_____	_____
VIP REPORTING	_____	_____
EXTRA COPY OF GL	_____	_____

FINANCIAL SERVICES USE ONLY

ORGN CODE: _____ PREDECESSOR: _____
DATE: _____
BUDGET ACCOUNTANT: _____ APPROVED BY: _____
ADDED TO PRODUCTION BY: _____ FORS ENTERED BY: _____

Please submit form to Budget Accounting, 404 Administration Bldg., FAX 474-7504