

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 #:

Cost Center Manager:

Phone #

Division:

Sub-Division:

Operating Unit:

Department:

EXPENDITURES

Yes

No

Regular

Contractual

Student Help

Yes

No

From:

To:

FINANCIAL SYSTEMS PURPOSES ONLY

Source

Cost Center(

NEWCOST CENTER SET UP CHECKLIST

Cost Center Value (Manage COA Value Set Values)

Alias *

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