

# 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.

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\_\_\_\_\_  
Chief Business Officer

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University Wide Administration Use Only  
Office of Vice Pres. For Budget & Finance