

WBS Element Change Form

This form must be completed to request changes to restricted WBS elements. You only need to enter information for attributes you want to change. Please send the completed form to the campus business office.

Person Completing Form: _____ Phone No: _____

WBS Element Number _____ Do you want to close the WBS Element? Yes No

Related S WBS Element _____

<u>Attribute</u>	<u>Current Attribute Data</u>	<u>Requested Change</u>
Short Name (20 Characters)	_____	_____
Long Name (40 Characters)	_____	_____
*Responsible Person Name	_____	_____
*Responsible Person PERNR	_____	_____
Prin Inv Name	_____	_____
Prin Inv PERNR	_____	_____
*Bookkeeper Name	_____	_____
*Bookkeeper PERNR	_____	_____
End Date	_____	_____
*Funds Center	_____	_____
College	_____	_____
Department	_____	_____
MOU Reporting Area	_____	_____
Dean/Director Code	_____	_____

REQUIRED EXPLANATION: Please provide a brief explanation addressing the reason for the requested change and attach any supporting documentation.

*You only need to fill out one form for multiple fund center or multiple name changes. A list of the changes can be attached.

Department Head

Development Office
(Required for Gift WBSE Name Changes
or Department Changes)

Campus/Institute Business Office

Date

Date

Date