Cost/Funds Center Request Form
(Form Instructions)

☐ **Add**   ☐ **Change**   ☐ **Block**   ☐ **Delete**

Source of Funds (indicate by selecting button)

○ 101-Unrestricted-General
○ 102-Unrestricted-Designated
○ 103-Unrestricted-Housing and Dining
○ 104-Unrestricted-Other Auxiliary
○ 105-Unrestricted-Hospital

○ 106-Unrestricted-Good Samaritan Hospital
○ 107-Unrestricted-Hospital
○ 112-Restricted-Private Gift
○ 113-Unrestricted-Agency KMSF
○ 121-Restricted-Private Gift

○ 123-Restricted-Tobacco Research
○ 141-Plant Unexpended
○ 142-Plant Retirement of indebtedness
○ 143-Plant Retirement of indebtedness

For Accounting and Financial Reporting Services Use

Controlling Area _____

FM Area _____   Fund # _____   Limit of 10 characters

Cost Center # _____   Limit of 10 characters

Valid _____   To _____

Approved _____
Keyed _____
Verified _____

For Research Financial Services Use

Indirect Cost Code _____

Sponsored Flag _____

On Campus ○

NSF Category _____

Name of Cost/Funds Center (Short Text-20 characters) _____

Name of Cost/Funds Center (Long Text-40 characters) _____

Responsible Person SAP Log In ID _____

Responsible Person Name (20 characters) _____

The Responsible person should be the Budget Officer that provides overall oversight for the department in which the cost/funds center will be created.

Department Number _____

Cost Center Category _____

Hierarchy _____

Business Area _____   Claire Blue - SCH 0118

Cost/Funds Center Mailing Address:

The Contact Person should be the department Business Officer or individual familiar with the day to day business operations and the primary contact concerning higher level issues regarding master data attributes and cost/funds center functions.

Contact Person _____

Campus Address _____

Speed Sort/Zip _____

Funding Category _____

Research Priority Area _____

Budget Family _____

Functional Area _____

Discipline (CIP Code) _____

Cancer Research Area _____

Revenue line _____   Expense Line _____

○ Discretionary

○ Valid for Payroll

○ Capital Account Asset Flag

List of other cost center groups to be updated

_____

Cost/Funds Center Explanation (explain the need, intended use of this cost/funds center and attach supporting documentation to the request)

_____

Originator: _____   College/Division: _____   Area Fiscal Officer: _____

Date: _____   Date: _____   Date: _____