

# REQUEST FOR ESTABLISHING/REVISING SERVICE CENTER COST/FUNDS CENTERS

Add                       Change                       Block                       Delete

Source of funds (Indicate with "X")

104 - Unrestricted - Other Auxiliary                       142 - Plant - Renewal and Replacement (if needed)

ACCOUNTING AND FINANCIAL REPORTING SERVICES USE ONLY			
Controlling area	<input type="text" value="UK00"/>		Approved
FM area	<input type="text" value="UK00"/>		
Cost Center/Funds Center Number - Service Center	<input type="text"/>		Keyed
Cost Center/Funds Center Number - Renewal & Replacement	<input type="text"/>		
Valid from dates	<input type="text"/>	to	12/31/9999
Fund- Service Center	<input type="text"/>		Verified
Fund- Ren. & Repl.	<input type="text"/>		

RESEARCH FINANCIAL SERVICES USE ONLY			
Indirect Cost Code	<input type="text" value="S"/>		
Sponsored	<input type="text" value="N"/>		
Name of Cost/Funds Center	<input type="text"/>		
Description	<input type="text"/>		
Responsible Person SAP Logon ID	<input type="text"/>	<input type="text"/>	
Responsible Person Name	<input type="text"/>		
Department Number	<input type="text"/>		
Cost Center Category	<input type="text" value="W"/>		
Hierarchy area	<input type="text"/>		
Business Area	<input type="text" value="0101 - UK w/o component units"/>		
Currency	<input type="text" value="USD"/>		

Cost/Funds Center Mailing Address:	Title	<input type="text"/>
	Name	<input type="text"/>
	Campus Address	<input type="text"/>
	Speed sort	<input type="text"/>

Funding Category Code	<input type="text"/>
Research Priority Area	<input type="text"/>
Budget Family	<input type="text"/>
Functional Area	<input type="text"/>
Discipline (CIP code)	<input type="text"/>
Cancer Research Match	<input type="text" value="N - Not Eligible for Match or Reportable"/>

Indicate with "X"                      Service Center Valid Account for Payroll  (Renewal & Replacement Accounts are not valid for payroll)

**Other Service Center Information** (Only signatures are necessary when revising the account information above.)

Affiliated Dept. Name: \_\_\_\_\_ Location (Building, rooms): \_\_\_\_\_

Products/Services Provided: \_\_\_\_\_ Users of the Service Center: \_\_\_\_\_

**Required Explanation:** (Please briefly explain the need and intended use for the service center)

<input type="text"/>
<input type="text"/>
<input type="text"/>

List other Cost Center Groups Included in this Service Center: \_\_\_\_\_

Attach: (1) Equipment list, (2) Rate Development Worksheet, (3) Budget Revision Form (if necessary)

Signature indicates acceptance of management and fiscal responsibility in accordance with University service center policy and procedures.

Manager: \_\_\_\_\_  
Signature
Printed
Phone Number

**APPROVALS:**

\_\_\_\_\_  
 Department Chair                      Date

\_\_\_\_\_  
 Area Fiscal Officer                      Date

\_\_\_\_\_  
 Research Financial Services                      Date

\_\_\_\_\_  
 OPBE                      Date