

WESTERN MICHIGAN UNIVERSITY



Department Number Change Request

To: Accounting Services

Date:

From:

Department Name

Contact Person:

Phone Number:

Please make the following change(s) to

Department Number

Department Name Change

old

new

Department Administrator

title

name

Other
(please be
specific):

Reason for change:

Has the purpose of this department changed?

Desired effective date:

Accounting Use Only

Effective Date: _____

Approved by: _____

Date Approved: _____

Loaded by: _____

Date Loaded: _____