



Department Number Setup Request

To: Accounting Services

Date:

From:

Campus Department Name

Contact Person:

Phone Number:

Department Name:

Department Administrator:

title

name

Purpose and goal of requested department. Please be very specific by giving as much background as possible.

Revenue Source? External? Internal? Please provide fund/department(s) when applicable.

Length of time department will exist (ex: indefinitely, fiscal year 2007/2008, through December 2010)

Expected nature of expenditures.

Desired effective date:

For fund 23 requests, provide a fund 11 department # to charge inactivity or deficit balances:

11-

Accounting Use Only			
Fund:	_____	Department Number:	_____
Function:	_____	VP/College:	_____
CIP/Wiche:	_____	Effective date:	_____
	fund 11 only		
Approved by:	_____	Loaded by:	_____
Approved date:	_____	Loaded date:	_____