

WESTERN MICHIGAN UNIVERSITY



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: _____