

Information Needed to Establish a Grant

Form Submission Date: _____

Requestor: _____

Phone #: _____

University Location: _____

Department Name: _____

Fund Center Name: _____

Fund Number: _____ **Fund Center** _____

Node: _____ **CCAR:** _____ **CCC:** _____

Funds Center Purpose: (please provide a description of why the cost center is needed):

Fund Number: _____ **Fund Center** _____

Node: _____ **CCAR:** _____ **CCC:** _____

Notes: _____

Primary User ID: (Individual to input requisitions/monitor budget) _____

Fund Center Administrator ID: (Individual responsible for budget) _____

Travel Approver _____

Source Point Approvers: *(list email address for approvers)*

Level \$1,000 to \$5,000 _____

Level \$5,000 to \$25,000 _____

Level \$25,000 to \$250,000 _____

***** Controller's Office Use Only *****

FM51 _____

Footprint _____

Budget Resp _____

KS01 _____

FP Log _____

Budget Tfr _____

FMSA _____

SP Log _____

Email Req _____

CJ20N _____

New FC SAP _____

Email Group _____

FM_SETS_FICTR2 _____