

Information Needed to Establish a Cost Center

Form Submission Date: _____

Individual Submitting Form: _____

Phone Number: _____

University Location: _____ (BU, LHU, MU)

Department Name: _____

Fund Center Name: _____

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

Funding Source (please provide the source of funds for expenditures):

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 _____

***** Budget Office Use Only *****

Fund Number: _____ **Fund Center** _____

Node: _____

CCAR: _____

CCC: _____

FM51 _____

Footprint _____

Budget Resp _____

KS01 _____

FP Log _____

Budget Tfr _____

FMSA _____

SP Log _____

Email Req _____

CJ20N _____

New FC SAP _____

Email Group _____

FM_SETS_FICTR2 _____