

# Cost/Funds Center Request Form

## (Form Instructions)

Add                                       Change                                       Block                                       Delete

### Source of Funds (indicate by selecting button)

- 101-Unrestricted-General
- 102-Unrestricted-Designated
- 103-Unrestricted-Housing and Dining
- 104-Unrestricted-Other Auxiliary
- 105-Unrestricted-Hospital
- 106-Unrestricted-Good Samaritan Hospital
- 107-Unrestricted-Hospital
- 112-Restricted-Private Gift
- 113-Unrestricted-Agency KMSF
- 121-Restricted-Private Gift
- 123-Restricted-Tobacco Research
- 141-Plant Unexpended
- 142-Plant Retirement of indebtedness
- 143-Plant Retirement of indebtedness

### For Accounting and Financial Reporting Services Use

Controlling Area	<input type="text"/>		
FM Area	<input type="text"/>	Fund # <input type="text"/>	Limit of 10 characters
Cost Center #	<input type="text"/>		Limit of 10 characters
Valid	<input type="text"/>	To <input type="text"/>	
			Approved _____
			Keyed _____
			Verified _____

### For Research Financial Services Use

Indirect Cost Code	<input type="text"/>		On Campus <input type="radio"/>
Sponsored Flag	<input type="text"/>		NSF Category <input type="text"/>

Name of Cost/Funds Center (Short Text-20 characters)

Name of Cost/Funds Center (Long Text-40 characters)

Responsible Person SAP Log In ID

Responsible Person Name (20 characters)

*The Responsible person should be the Budget Officer that provides overall oversight for the department in which the cost/funds center will be created.*

Department Number

Cost Center Category

Hierarchy

Business Area

#### Cost/Funds Center Mailing Address:

*The Contact Person should be the department Business Officer or individual familiar with the day to day business operations and the primary contact concerning higher level issues regarding master data attributes and cost/funds center functions.*

Contact Person

Campus Address

Speed Sort/Zip

Funding Category

Research Priority Area

Budget Family

Functional Area

Discipline (CIP Code)

Cancer Research Area

Revenue line  Expense Line

Discretionary

Valid for Payroll

Capital Account Asset Flag

List of other cost center groups to be updated

Cost/Funds Center Explanation (explain the need, intended use of this cost/funds center and attach supporting documentation to the request)

Originator: \_\_\_\_\_

College/Division: \_\_\_\_\_

Area Fiscal Officer: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_