

New Agency /Org Application (non-sponsored accounts only)

Account Name:

Start Date:

Purpose:

College/Department Name:

Agency Code:

1RP Rollup Code by Campus (if a rollup code is not provided, Financial Services will assign one):

2RP Rollup Code by Organization (if a rollup code is not provided, Financial Services will assign one):

HR Department Code (Required for all accounts):

If Sub-Orgs and or Function codes are required, please attach a separate list.

SOURCES OF REVENUE

- | | |
|---|---|
| <input type="checkbox"/> State Appropriations | <input type="checkbox"/> Transfers in from other accounts (describe below) |
| <input type="checkbox"/> Tuition and Fees (Student)
(If establishing a Special Class Fee or Program Fee
Account, attach approved Course Fee Request Form) | <input type="checkbox"/> Miscellaneous and Other (describe below) |
| <input type="checkbox"/> Sales and Services | <input type="checkbox"/> Grants and Contracts (Identify providers below) |
| <input type="checkbox"/> Gifts
(Specify percentage of Revenue from Gifts: %) | <input type="checkbox"/> Technology Research Initiative Funds (Proposition 301
Sales Tax Proceeds) |

Revenue Source Descriptions:

Will there be taxable sales on this account: Yes No (If yes, contact Financial Services Tax area)

EXPENSES

- | | |
|---|--|
| <input type="checkbox"/> Direct Cost of Sales (Explain purpose below) | <input type="checkbox"/> Personal Services |
| <input type="checkbox"/> All other operating | <input type="checkbox"/> Employee Related Expenses |
| <input type="checkbox"/> Transfers out | |

Estimated Level of Annual Expenses \$

Accounts with expenses greater than \$100,000 will be set up as a budgeted account. Please submit a budget for all accounts with expenses greater than \$100,000.

Cost of Sales Explanation:

ACTIVITY CLASSIFICATION (Choose One)

- | | |
|---|---|
| <input type="checkbox"/> Instruction | <input type="checkbox"/> Institutional Support |
| <input type="checkbox"/> Research | <input type="checkbox"/> Operation and Maintenance of Plant |
| <input type="checkbox"/> Public Service | <input type="checkbox"/> Scholarships and Fellowships |
| <input type="checkbox"/> Academic Support | <input type="checkbox"/> Auxiliary Enterprises |
| <input type="checkbox"/> Student Services | |

OTHER

Provost Office approval is required for establishment, merger, transfer or disestablishment of the University's academic units. For most purposes, academic units include colleges, schools, divisions, departments, centers, institutes, laboratories, bureaus, or other similar units for teaching, research or public service. If required, attach Provost Office approval.

APPROVALS

Requested by:	_____	_____	_____	_____
	Name	College/Department	Phone	Date
Org Manager:	_____	_____	_____	_____
	Name/Title	Signature	Advantage ID	Date
Dean/Director or designee:	_____	_____	_____	_____
	Name/Title	Signature		Date
Optional Approvals:	_____	_____	_____	_____
	Name/Title	Signature		Date

Fund Code: _____ Fund Name: _____

Agency Code: _____ Agency Name: _____

If a new fund and/or agency code is required, please notify Associate Director, Financial Services

Assigned
Activity Code: _____ Activity Code Name: _____

Fiscal Year Account Multi-year Account

Choose one.

ORG2 Reporting Organizations (refer to accountant instructions)

Description		Name	Description		Name
Org 1	Rollup by Campus		Org 7	HR Department Code (any remaining digits from Org 6)	
Org 2	Rollup by Organization		Org 8	Misc Use Code (Budget Account Type Code)	
Org 3	Not in use	Enter _ _ _ _	Org 9	Program Code-OPB	
Org 4	Not in use	Enter _ _ _ _	Org 10	Not in use	Enter _ _ _ _
Org 5	Activity Code		Org 11	Cash basis reference code if applicable	Enter _ _ _ _
Org 6	HR Department Code (first 4 digits)		Org 12	Repeat Organization Code	

Budget Set Up

Budgeted Cash Basis

Appropriation Units Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> "C" Cash Basis | <input type="checkbox"/> "H" Endowment Income |
| <input type="checkbox"/> "A" All Other Operating | <input type="checkbox"/> "I" Transfers In |
| <input type="checkbox"/> "B" Balance Forward | <input type="checkbox"/> "M" Miscellaneous Revenue |
| <input type="checkbox"/> "D" Direct Cost of Sales | <input type="checkbox"/> "O" Transfers Out |
| <input type="checkbox"/> "E" Employee Related Expenses | <input type="checkbox"/> "P" Personal Services |
| <input type="checkbox"/> "F" Student Support | <input type="checkbox"/> "S" Sales and Services |
| <input type="checkbox"/> "G" Grants, Contract, Gifts | <input type="checkbox"/> "T" Tuition and Fees (Student) |
| | <input type="checkbox"/> "Z" Deficit Carry forward |

Series number assigned (if applicable): _____

A1 Template _____ EB Template _____ RB Template _____

APPROVALS

Accountant : _____
Signature _____ *Date* _____

Supervisor : _____
Signature _____ *Date* _____

Associate Director : _____
Signature _____ *Date* _____