



REQUEST FOR NEW/CHANGE COST CENTER INFORMATION

FORM TO BE SUBMITTED ELECTRONICALLY
(ONLY ONE COST CENTER PER FORM PLEASE)

Date: _____

To: Mike Meigs, Director of Student Accounting (Funds 5X and 6X)

Vonda Woods, Business Services (Funds 1X, 2X, 3X, 7X)
CC: Fabiola Castillo, Budgets - Business Services

From: _____ (Budget Supervisor or Grant/Facilities Accountant Only)

Check Appropriate Request:

- Request for New Cost Center (Complete Section I)
- Add Existing Cost Center to Human Resources (Complete Section II)
- If More Than Two (2) Project ID's Please Attach Separate List
- Request to Change Authorized Signatures (Complete Section III)
- Request to Change Name of Cost Center (Complete Section IV)
- Request to Add Project ID to Cost Center (Complete Section V)
- Request to Inactivate Cost Center (Complete Section VI)

I. Request for New Cost Center

A. Purpose _____

B. Suggested New PeopleSoft Number _____ G.A. _____ Grant Description _____
(Short Description)

C. Suggested New Cost Center Name _____ (Do not use signs/symbols: \ / & () { } ? * + > < ^ # : ; , . _ - ")

D. Will Restricted Funds (2X or 7X) be used in this New Cost Center? No Yes If Yes, Grant ID# (2X) or Project ID# (7X) _____

E. Will there be Payroll Expenditures in this New Cost Center? No Yes If Yes, Payroll Short Name* _____
*(Maximum of 9 Characters)

F. If Funds 5X or 6X will be used, check the following boxes: Pays Tuition No Yes Balance Refundable to Student No Yes
Pays Fees No Yes

G. Authorized Signatures of Personnel with Administrative and Budgetary Responsibility for this Cost Center:

_____ Budget Supervisor _____ Alternate Signature _____ Budget Supervisor's Direct Report _____
(Please list all Signers on the account; names follow the convention of the Budget Supervisor folders on FSAPO3)

II. Add Existing Cost Center to PeopleSoft Payroll/Human Resources System

A. Cost Center Number in PS Financials _____ (Example 10-11131503-03000)

B. Cost Center Name in PS Financials _____ (Example Ethics SPG)

C. Payroll Short Name _____ (Example ETHICSSPG)

D. Authorized Signatures for Paycerts _____

III. Request to Change Authorized Signatures for Cost Center (enter all authorized signatures and effective date)

Cost Center Number and Name: _____

IV. Request to Change Name of Cost Center:

Cost Center Number: _____ Current Name: _____

Reason for Change: _____ Requested Name: _____

V. Request to Add Project ID to Cost Center:

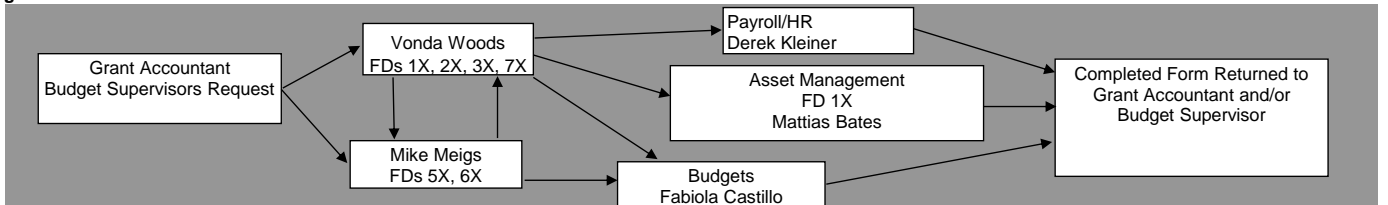
Cost Center Number: _____ Project ID#: _____

VI. Request to Inactivate Cost Center:

Cost Center Number: _____ Reason for Inactivation: _____

For Financial and Business Services Office Use Only		Entered By	Date Entered
PS FINANCIALS - DEPTID	_____	_____	_____
PS FINANCIALS - PROJECT	_____	_____	_____
PS FINANCIALS - GRANT	_____	_____	_____
PS FINANCIALS - CROSSWALK	_____	_____	_____
PS FINANCIALS - DEPTXREF TREE	_____	_____	_____
PS FINANCIALS - NVISION	_____	_____	_____
PS HR/PAYROLL ACCOUNT CODES	_____	_____	_____
CASHNET	_____	_____	_____
PS STUDENT SYSTEM	_____	_____	_____

Routing:



Contact Vonda Woods
341-3210 or <mailto:woods.vonda@spcollege.edu>