

COST CENTER REQUEST FORM FMS SYSTEM

NAME OF PERSON MAKING REQUEST <i>(Last, first, middle initial)</i>	E-MAIL ADDRESS:	Request Date: <input style="width: 90%;" type="text"/>
	WORK PHONE NUMBER	OFP Request #: <input style="width: 90%;" type="text"/>

File Name (OFC_LastFirst_YYYYMMDD):

TYPE OF REQUEST: (Place and "X" in the appropriate box):
 NEW
 UPDATE
 DEACTIVATE
 DELETE

Reason for Cost Center or Change:

Cost Center: <input style="width: 95%;" type="text"/>	Long Name (30 char. max): <input style="width: 95%;" type="text"/>
Clone (If New): <input style="width: 95%;" type="text"/>	Short Name (12 char. max): <input style="width: 95%;" type="text"/>
Administrative Office (AO): <input style="width: 95%;" type="text"/>	BFY(s) Required: <input style="width: 95%;" type="text"/> Effective Date: <input style="width: 95%;" type="text"/>
Budget Fiscal Year (BFY): <input style="width: 95%;" type="text"/>	Payroll FMS(Yes/No): <input style="width: 95%;" type="text"/> Payroll HR Smart (Yes/No): <input style="width: 95%;" type="text"/>
Fund <input style="width: 95%;" type="text"/>	

Description:

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Fund <input style="width: 95%;" type="text"/>	

Description:

Stakeholders Notified (Y/N):
Program Mgmt Ofc(s):
Budget Ofc(s):
Accounting Ofc(s):

REQUESTER NAME / TITLE (PRINT)	SIGNATURE OF REQUESTER	DATE SIGNED
SUPERVISOR NAME / TITLE (PRIINT)	SIGNATURE OF SUPERVISOR	DATE SIGNED
OFP APPROVER NAME / TITLE (PRIINT)	SIGNATURE OF OFP APPROVER	DATE SIGNED

COMMENTS / NOTES: (This section can be used to add additional information about the Cost Center.)