

**INSTRUCTIONS FOR COMPLETING FORM
“REQUEST NEW BUDGET PURPOSE OR UNIT / CHANGE IN BUDGET PURPOSE OR UNIT”**

I. Discontinue an Inactive Budget Purpose:

A. In **Section 1** of the “Request New Budget Purpose or Unit / Change in Budget Purpose or Unit” form complete the following fields:

- 1. Budget Purpose (BP):** Enter the Budget Purpose value to be discontinued.
- 2. Check box “Discontinue a Budget Purpose”**
- 3. Date Submitted:** Enter the date the form will be submitted to Accounting Services. The format of this field is ‘DD Mmm YYYY’ where DD is day, Mmm is month, and YYYY is year. For example January 29, 2002 is entered as 29 Jan 2002.
- 4. Prepared by:** Enter the name of the individual preparing the form.
- 5. Phone No:** Enter the telephone number of the individual preparing the form.

B. In **Section 2** of the form complete the following required fields:

- 1. Discontinue Date:** Enter the calendar date as to when the Budget Purpose is to become inactive and unavailable for use. The format of this field is ‘DD Mmm YYYY’ where DD is day, Mmm is month, and YYYY is year. For example July 1, 2002 is entered as 01 Jul 2002.

**REQUEST NEW BUDGET PURPOSE OR UNIT/
CHANGE IN BUDGET PURPOSE OR UNIT**
SOUTHERN ILLINOIS UNIVERSITY

Section 1 (See "link" for detailed instructions)

Budget Purpose (BP): 272008
(Attach a listing for multiple Budget Purpose Numbers)

Request a New Budget Purpose Request a New Unit
 Discontinue a Budget Purpose Discontinue a Unit
 Replace a Fiscal Officer Replace a Unit Officer
 Change the Title of an existing BP Change the Name of an existing Unit
 Move a BP to Another Unit

Date Received by Accounting Services: _____

Date Submitted: 27 Jul 2007
 Prepared by: Sandy Partridge
 Phone Number: 618-536-2616

Section 2

Effective Date: _____ Discontinue Date: 27 Jul 2007
 Reason for Change: _____

C. In **Section 3** of the form complete the following required fields:

- 1. Budget Purpose Title:** Enter the title of the Budget Purpose.

D. In **Section 4** of the form complete the following required fields:

- 1. Fiscal Officer Name:** Enter the name of the Fiscal Officer responsible for this Budget Purpose.
- 2. Phone Number:** Enter the office telephone number of the Fiscal Officer named in Item II-D-1.
- 3. Fiscal Officer Title:** Enter the title of the Fiscal Officer named in Item II-D-1.
- 4. Mail Code:** Enter the campus mail code for the Fiscal Officer named in Item II-D-1.

5. E-mail Address: Enter the e-mail address of the Fiscal Officer named in Item II-D-1.

Section 3

Budget Purpose Title:
 ACCOUNTING SERVICES

New Budget Purpose Title:

Describe in detail how new Budget Purpose will be funded:

Describe in detail how new Budget Purpose will be used:

Section 4

Fiscal Officer Name: Sandy Partridge Phone Number: 618-536-2616
 Fiscal Officer Title: ADMINISTRATIVE AIDE Mail Code: 6812 Email Address: sandyp4@siu.edu
 Name of Fiscal Officer to be replaced:

Enter Budget Purpose Title.

Enter Name and E-mail.

Enter Name and Title.

Enter Mail Code.

E. In Section 5 of the form complete the following required fields:

1. **Unit Value:** Enter the Unit Value assigned to the Budget Purpose.
2. **Unit Name:** Enter the name of the University Department that corresponds to the Unit Value in Item II-E-1.
3. **Unit Officer Name:** Enter the name of the Unit Officer who is responsible for the Unit Value in Item II-E-1. (Maximum size of this field in AIS is 50 characters)
4. **Phone Number:** Enter the office telephone number of the Unit Officer named in Item II-E-3.
5. **Unit Officer Title:** Enter the title of the Unit Officer named in Item II-E-3.
6. **Mail Code:** Enter the campus mail code of the Unit Officer named in Item II-E-3.
7. **E-mail Address:** Enter the e-mail address of the Unit Officer named in Item II-E-3.

Enter Unit Value.

Enter Unit Name.

Enter Phone and E-mail.

Section 5

Unit Value: 23720 Unit Name: Accounting Services
 Unit Officer Name: JUDITH MARSHALL Phone Number: 618-536-2626
 Unit Officer Title: DIRECTOR Mail Code: 6812 Email Address: jmarshal@siu.edu
 New Unit Value: _____ New Unit Name: _____
 New Unit Officer Name: _____ Phone Number: _____
 New Unit Officer Title: _____ Mail Code: _____ Email Address: _____

Enter Unit Officer Name and Title.

Enter Mail Code.

F. Obtain the required signature on page two of the form. The reporting level of the Fiscal Officer determines the signature to be completed on the form. Again, the only signature required to discontinue an inactive Budget Purpose is that of the Fiscal Officer.

The form has been designed to allow an individual to always sign on a line corresponding with his or her reporting level regardless of the purpose of the form (i.e., the Dean/Director will always sign on the line for Dean/Director, the Vice Chancellor will always sign on the line for Vice Chancellor, the Chancellor will always sign on the line for Chancellor, etc.).

The Reporting level of the Unit Officer determines the signatures needed to complete the form.

1.	Signature of Fiscal Officer	Date	<input type="checkbox"/>	
2.	Signature of Unit Officer	Date	<input type="checkbox"/>	Fiscal Officer
3.	Signature of Dean/Director	Date	<input type="checkbox"/>	Fiscal Officer <input type="checkbox"/> Unit Officer
4.	Signature of Vice Chancellor	Date	<input type="checkbox"/>	Fiscal Officer <input type="checkbox"/> Unit Officer
5.	Signature of Chancellor	Date	<input type="checkbox"/>	Fiscal Officer <input type="checkbox"/> Unit Officer
6.	Signature of President	Date	<input type="checkbox"/>	Fiscal Officer <input type="checkbox"/> Unit Officer
7.	Signature of Previous Fiscal Officer	Date		
8.	Signature of Previous Unit Officer	Date	<input type="checkbox"/>	Fiscal Officer
9.	Signature of Previous Dean/Director	Date	<input type="checkbox"/>	Fiscal Officer <input type="checkbox"/> Unit Officer
10.	Signature of Previous Vice Chancellor	Date	<input type="checkbox"/>	Fiscal Officer <input type="checkbox"/> Unit Officer

If you hold multiple positions, only sign once and use the check boxes.

ACS0305
06/07

SUBMIT COMPLETED FORM TO ACCOUNTING SERVICES, MC 6812

Page 2 of 2

NOTE: The person signing the form should choose the specific ‘Signature Line’ corresponding with his or her reporting level; and check the appropriate box, if applicable, located to the right of the ‘Signature Line’ to indicate Fiscal Officer. The following scenarios are presented as guidance for choosing the correct ‘Signature Line’.

1. If the Fiscal Officer reports to a Unit Officer, the required signature is:
 - a. **Signature Line 1:** Original signature of the Fiscal Officer.
2. If the Unit Officer is the Fiscal Officer, the required signature is:
 - a. **Signature Line 2:** Original signature of the Unit Officer.
 - b. Check the box for “Fiscal Officer” immediately to the right of Signature Line 2 to indicate the Unit Officer is the Fiscal Officer.
3. If the Dean or Director is the Fiscal Officer, the required signature is:
 - a. **Signature Line 3:** Original signature of the Dean or Director.
 - b. Check the box for “Fiscal Officer” immediately to the right of Signature Line 3 to indicate the Dean or Director is the Fiscal Officer.
4. If the Vice Chancellor is the Fiscal Officer, the required signature is:
 - a. **Signature Line 4:** Original signature of the Vice Chancellor.
 - b. Check the box for “Fiscal Officer” immediately to the right of Signature Line 4 to indicate the Vice Chancellor is the Fiscal Officer.
5. If the Chancellor is the Fiscal Officer, the required signature is:
 - a. **Signature Line 5:** Original signature of the Chancellor.
 - b. Check the box for “Fiscal Officer” immediately to the right of Signature Line 5 to indicate the Chancellor is the Fiscal Officer.
6. If the President is the Fiscal Officer, the required signature is:

- a. **Signature Line 6:** Original signature of the President.
- b. Check the box for “Fiscal Officer” immediately to the right of Signature Line 6 to indicate the President is the Fiscal Officer.

If you are unsure as to the Signature requirements, please contact Accounting Services at 536-2351.