

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

I. Request for new Budget Purpose (*New Account*):

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

- 1. Check box “Request a New Budget Purpose”**
- 2. 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.
- 3. Prepared by:** Enter the name of the individual preparing the form.
- 4. 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. Effective Date:** Enter the calendar date as to when the Budget Purpose is to become active and available for use. If it is to be used immediately, enter the current date in this field. If it will not be available until a later date due to funding restrictions, enter the future date in this field. For example, a State Budget Purpose requested in April 2002 may not be funded until the beginning of the next fiscal year or July 1, 2002. In this case the date July 1, 2002 is the effective date. 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.

Click in box to select.

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

Enter Date.
DD Mmm YYYY

Section 1		(See "link" for detailed instructions)
Budget Purpose (BP): _____ <small>(Attach a listing for multiple Budget Purpose Numbers)</small>		Accounting Services link
<input checked="" type="checkbox"/> Request a New Budget Purpose <input type="checkbox"/> Discontinue a Budget Purpose <input type="checkbox"/> Replace a Fiscal Officer <input type="checkbox"/> Change the Title of an existing BP <input type="checkbox"/> Move a BP to Another Unit	<input type="checkbox"/> Request a New Unit <input type="checkbox"/> Discontinue a Unit <input type="checkbox"/> Replace a Unit Officer <input type="checkbox"/> Change the Name of an existing Unit	Date Received by Accounting Services: _____ Date Submitted: <u>27 Jul 2007</u> Prepared by: <u>Sandy Partridge</u> Phone Number: <u>618-536-2616</u>
Section 2		
Effective Date: <u>27 Jul 2007</u>	Discontinue Date: _____	
Reason for Change: _____		

Enter date that Budget Purpose is to become active. DD Mmm YYYY

Enter Name and Phone Number.

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

- 1. Budget Purpose Title:** Enter the proposed title of the new Budget Purpose. Please do not use abbreviations in the title. (Maximum size of this field in AIS is 105 characters).
- 2. Describe in detail how new Budget Purpose will be funded:** Provide a detailed description of all revenue sources for this Budget Purpose and the anticipated annual revenue for each source. If funding will be coming from another department or an existing Budget Purpose within your

department, please indicate the Budget Purpose Value or Values that will provide the funding. If there is insufficient space, enter "See Attached." Attach a memo signed by the Fiscal Officer describing the funding sources in detail. You may include the information for this item and the next item (Item I-C-3) in one memo.

- 3. Describe in detail how new Budget Purpose will be used:** Provide a detailed description of the types of expenditures this account may incur and any other information that will give us an understanding of its function and intended purpose. If there is insufficient space, enter "See Attached." Attach a memo signed by the Fiscal Officer explaining how the Budget Purpose will be used. You may include the information for this item and the information requested for the previous item (Item I-C-2) in one memo.

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. (Maximum size of this field in AIS is 50 characters)
- 2. Phone Number:** Enter the office telephone number of Fiscal Officer named in Item I-D-1.
- 3. Fiscal Officer Title:** Enter the title of the Fiscal Officer named in Item I-D-1.
- 4. Mail Code:** Enter the campus mail code for the Fiscal Officer named in Item I-D-1.
- 5. E-mail Address:** Enter the e-mail address of the Fiscal Officer named in Item I-D-1.

Section 3

Budget Purpose Title: _____

Place your New BP Title Here _____

New Budget Purpose Title: _____

Describe in detail how new Budget Purpose will be funded: _____

Provide a detailed description of all revenue sources for this Budget Purpose and the anticipated annual revenue for each source. _____

Describe in detail how new Budget Purpose will be used: _____

Provide a detailed description of the types of expenditures this account may incur and any other information that will give us an understanding of its function and intended purpose. _____

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: _____

Callouts:

- Enter New Budget Purpose Title.
- Provide a detailed description of all revenue sources.
- Provide a detailed description of the types of expenditures and intended function of this account.
- Enter Fiscal Officer Name and Title.
- Enter Mail Code.
- Enter Phone Number and Email.

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

- 1. Unit Value:** Enter the Unit Value of the University department the Fiscal Officer is required to report to for approval regarding the requested Budget Purpose.
- 2. Unit Name:** Enter the name of the University Department that corresponds to the Unit Value in Item I-E-1.

3. **Unit Officer Name:** Enter the name of the Unit Officer who is responsible for the Unit Value in Item I-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 I-E-3.
5. **Unit Officer Title:** Enter the title of the Unit Officer named in Item I-E-3.
6. **Mail Code:** Enter the campus mail code of the Unit Officer named in Item I-E-3.
7. **E-mail Address:** Enter the e-mail address of the Unit Officer named in Item I-E-3.

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: _____

F. Obtain the required signatures on page two of the form. The reporting level of the Fiscal Officer determines the signatures needed to complete the form. The signatures required to request a new Budget Purpose are the Fiscal Officer and each higher reporting level as follows:

- a. Original signature of the Fiscal Officer.
- b. Original signature of the Unit Officer.
- c. Original signature of the Dean or Director (if applicable).
- d. Original signature of the Vice Chancellor.
- e. Original signature of the Chancellor (if the Vice Chancellor or a member of the Vice Chancellor's staff is the Fiscal Officer).
- f. Original signature of the President (if the Chancellor or a member of the Chancellor's staff is 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 Fiscal Officer determines the signatures needed to complete the form.

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

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

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

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 or Unit 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 signatures are:
 - a. **Signature Line 1:** Original signature of the Fiscal Officer.
 - b. **Signature Line 2:** Original signature of the Unit Officer.
 - c. **Signature Line 3:** Original signature of the Dean or Director (if applicable).
 - d. **Signature Line 4:** Original signature of the Vice Chancellor.

2. If the Unit Officer is the Fiscal Officer, the required signatures are:
 - 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.
 - c. **Signature Line 3:** Original signature of the Dean or Director (if applicable).
 - d. **Signature Line 4:** Original signature of the Vice Chancellor.

3. If a staff member of the Dean/Director’s Office is the Fiscal Officer, the required signatures are:
 - a. **Signature Line 1:** Original signature of the Fiscal Officer.
 - b. **Signature Line 3:** Original signature of the Dean or Director.
 - c. **Signature Line 4:** Original signature of the Vice Chancellor.

4. If the Dean or Director is the Fiscal Officer, the required signatures are:
 - 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.
 - c. **Signature Line 4:** Original signature of the Vice Chancellor.

5. If a staff member of the Vice Chancellor’s Office is the Fiscal Officer, the required signatures are:
 - a. **Signature Line 1:** Original signature of the Fiscal Officer.
 - b. **Signature Line 4:** Original signature of the Vice Chancellor.
 - c. **Signature Line 5:** Original signature of the Chancellor.

6. If the Vice Chancellor is the Fiscal Officer, the required signatures are:
 - 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.
 - c. **Signature Line 5:** Original signature of the Chancellor.

7. If a staff member of the Chancellor's Office is the Fiscal Officer, the required signatures are:
 - a. **Signature Line 1:** Original signature of the Fiscal Officer.
 - b. **Signature Line 5:** Original signature of the Chancellor.
 - c. **Signature Line 6:** Original signature of the President.

8. If the Chancellor is the Fiscal Officer, the required signatures are:
 - 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.
 - c. **Signature Line 6:** Original signature of the President.

9. If a staff member of the President's Office is the Fiscal Officer, the required signatures are:
 - a. **Signature Line 1:** Original signature of the Fiscal Officer.
 - b. **Signature Line 6:** Original signature of the President.

10. If the President is the Fiscal Officer, the required signatures are:
 - 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 your reporting line does not match one of the scenarios above or if you are unsure as to the Signature requirements, please contact Accounting Services at 536-2351.