

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

I. Replace a Fiscal Officer:

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 (BP) value requiring a change in Fiscal Officer. If there is more than one BP, enter “See Attached.” Attach a memo containing a list of the BP values with corresponding titles (See Item III-C-1 for the title requirement).

Note: More than one Budget Purpose may be submitted on a single form as an attachment providing the Fiscal Officer and Unit are the same for all Budget Purposes.

For example, assume one Fiscal Officer is responsible for four Budget Purposes. Three belong to Unit A and one belongs to Unit B. The Fiscal Officer for all four is to be changed to a different Fiscal Officer. In this case, two forms will have to be completed; one for the three Budget Purposes in Unit A and one for the Budget Purpose in Unit B.

2. Check box “Replace a Fiscal Officer”

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. Effective Date: Enter the calendar date as to when the Fiscal Officer change is to go into effect. 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.

2. Reason for Change: Provide a brief justification for the change in Fiscal Officer. The three most frequently used justifications are “the current Fiscal Officer is retiring,” “the responsibilities of the current Fiscal Officer have changed,” and “the current Fiscal Officer is leaving (or has left) the University.”

**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: 27 Jul 2007

Discontinue Date: _____

Reason for Change: FISCAL OFFICER LEFT UNIVERSITY.

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

1. **Budget Purpose Title:** Enter the title of the Budget Purpose. If there is more than one Budget Purpose value, enter "See Attached." Attach a memo containing a list of the BP values with corresponding titles (See Item III-A-1).

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

1. **Fiscal Officer Name:** Enter the name of the **new** Fiscal Officer to be responsible for the Budget Purpose value(s).
2. **Phone Number:** Enter the office telephone number of the **new** Fiscal Officer named in Item III-D-1.
3. **Fiscal Officer Title:** Enter the title of the **new** Fiscal Officer named in Item III-D-1.
4. **Mail Code:** Enter the campus mail code for the **new** Fiscal Officer named in Item III-D-1.
5. **E-mail Address:** Enter the e-mail address of the **new** Fiscal Officer named in Item III-D-1.
6. **Name of the Fiscal Officer to be replaced:** Enter the name of the Fiscal Officer being replaced.

The image shows a screenshot of a form with two sections. Section 3 contains four text input fields: 'Budget Purpose Title' (with 'ACCOUNTING SERVICES' entered), 'New Budget Purpose Title', 'Describe in detail how new Budget Purpose will be funded:', and 'Describe in detail how new Budget Purpose will be used:'. Section 4 contains five text input fields: 'Fiscal Officer Name' (with 'LOREN COOK' entered), 'Fiscal Officer Title' (with 'MANAGER' entered), 'Name of Fiscal Officer to be replaced' (with 'SANDY PARTRIDGE' entered), 'Phone Number' (with '618-536-2614' entered), and 'Email Address' (with 'lcook@siu.edu' entered). A 'Mail Code' field is also present in Section 4 with '6812' entered. Five callout boxes with blue borders and white text point to these fields: 'Enter Budget Purpose Title.' points to the first field in Section 3; 'Enter New Fiscal Officer Name and Title.' points to the 'Fiscal Officer Name' field in Section 4; 'Enter Fiscal Office being replaced.' points to the 'Name of Fiscal Officer to be replaced' field in Section 4; 'Enter Mail Code.' points to the 'Mail Code' field in Section 4; and 'Enter Phone Number and Email.' points to the 'Phone Number' and 'Email Address' fields in Section 4.

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

1. **Unit Value:** Enter the Unit Value of the University department the new Fiscal Officer is required to report to for approval regarding the Budget Purpose(s).
2. **Unit Name:** Enter the name of the University Department that corresponds to the Unit Value in Item III-E-1.
3. **Unit Officer Name:** Enter the name of the Unit Officer who is responsible for the Unit Value in Item III-E-1.
4. **Phone Number:** Enter the office telephone number of the Unit Officer named in Item III-E-3.
5. **Unit Officer Title:** Enter the title of the Unit Officer named in Item III-E-3.
6. **Mail Code:** Enter the campus mail code of the Unit Officer named in Item III-E-3.
7. **E-mail Address:** Enter the e-mail address of the Unit Officer named in Item III-E-3.

Section 5

Unit Value: 2370 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 Value.

Enter Unit Name.

Enter Phone Number and Email.

Enter Unit Officer Name and Title.

Enter Mail Code.

F. Obtain the required signatures on page two of the form. The reporting levels of the previous and new Fiscal Officers determine the signatures needed to complete the form. The signatures required to request the replacement of the Fiscal Officer are the Fiscal Officer and each higher reporting level are as follows:

1. Original Signature of the **new** Fiscal Officer.
2. Original Signature of the **previous** Fiscal Officer.
3. Original Signature of the person in the next higher reporting level.

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.	Signature of Fiscal Officer	Date	<input type="checkbox"/> Fiscal Officer	
2.	Signature of Unit Officer	Date	<input type="checkbox"/> Fiscal Officer	<input type="checkbox"/> Unit 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	<input type="checkbox"/> Fiscal Officer	
8.	Signature of Previous Unit Officer	Date	<input type="checkbox"/> Fiscal Officer	<input type="checkbox"/> Unit 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.

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 new Fiscal Officer reports to a Unit Officer, the required signatures are:
 - a. **Signature Line 1:** Original signature of the new Fiscal Officer.
 - b. **Signature Line 7:** Original signature of the previous Fiscal Officer. If the previous Fiscal Officer is no longer with the University, please enter “Not Available” in this field.
 - c. **Signature Line 2:** Original signature of the Unit Officer.

2. If the Unit Officer is the new 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 7:** Original signature of the previous Fiscal Officer. If the previous Fiscal Officer is no longer with the University, please enter “Not Available” in this field.
 - d. **Signature Line 3:** Original signature of the Dean or Director (if applicable).
 - a. **Signature Line 4:** Original signature of the Vice Chancellor.

3. 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 7:** Original signature of the previous Fiscal Officer. If the previous Fiscal Officer is no longer with the University, please enter “Not Available” in this field.
 - d. **Signature Line 4:** Original signature of the Vice Chancellor.

4. 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 7:** Original signature of the previous Fiscal Officer. If the previous Fiscal Officer is no longer with the University, please enter “Not Available” in this field.
 - a. **Signature Line 5:** Original signature of the Chancellor.

5. 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 7:** Original signature of the previous Fiscal Officer. If the previous Fiscal Officer is no longer with the University, please enter “Not Available” in this field.
 - a. **Signature Line 6:** Original signature of the President.

6. 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.
 - c. **Signature Line 7:** Original signature of the previous Fiscal Officer. If the previous Fiscal Officer is no longer with the University, please enter “Not Available” in this field.

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.