

PS Financials

Request to Add / Authorize New Department

Department Number (3 digits to be filled in by Budget Office):

Department Description (30 character limit):

Purpose for Department:

Cabinet:

Branch:

New Department Manager Name:

New Department Manager Email:

New Department Manager Phone:

Will the department need a department ID for Sponsored Activity?

Department Manager (if different) name, email, and phone:

Will the department need a department ID for TRIF Activity?

Department Manager (if different) name, email, and phone:

Effective Date of Change:

As the New Department Manager, I understand that I will be responsible to approve requisition documents up to \$10,000 for the department(s) named above.

New Department Manager Signature: _____ Date: _____

If you are under the Provost area, forward this form to your Dean. If not, forward this form to your Director.

Dean/Director Signature: _____ Date: _____

Dean/Director: Forward this form to your department's Jurisdictional Representative (JFR).

JFR Signature: _____ Date: _____

JFR: Forward this form to the Budget Office, Box 4118, for review/approval.

Budget Office Signature: _____ Date: _____

Budget Office Use Only

Budget Office (Initials): _____ Date entered: _____