WRIGHT STATE UNIVERSITY

Budget Planning & Resource Analysis

FINANCIAL ORGANIZATION REQUEST FORM

Type of Request: _____**New** _____**Revise** _____**Terminate**

College/School: _____

Department/Office: _____ **Phone:** _____

Complete for New Organization:

Organization Title: _____
Effective Date: _____
Financial Manager (WCPA): _____ U ID: _____
Predecessor Organization_____
Default Fund: _____ Suggested Program: _____
Vacancy credit: _____ Yes _____ No
Source of funding for data-enterable elements: _____
_____
Purpose of New Organization (attach documentation if appropriate):
_____
_____
_____

Revenue-generating Organization: _____ Yes _____ No

Complete for Revision of Organization:

Organization: _____ Organization Title: _____

Change the following element(s):

Element:	**Current**:	**Revised:**
Title		
Financial Manager		
(Other, please specify)		

Approvals:

_____ _____
Business/Fiscal Officer Date

_____ _____
VP/Dean/Director or Designee Date

_____ _____
Vice President/Provost or Designee Date

***** Budget Planning and Resource Analysis Office Use Only *****

Received by: _____ Date: _____
Organization Code Assigned: _____
Input by: _____ Date: _____