FINANCIAL ORGANIZATION REQUEST FORM

Type of Request: ______New      ______Revise      ______Terminate

College/School: __________________________ Phone: ___________

Department/Office: __________________________

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):

<table>
<thead>
<tr>
<th>Element</th>
<th>Current</th>
<th>Revised</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Financial Manager</td>
<td></td>
<td></td>
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<tr>
<td>(Other, please specify)</td>
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</tbody>
</table>

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: ______________________