



Budget Office
 MSN: 2E8
 Ph: 3-8824; Fax: 3-8772

Fund/Organization Change Request Form

Deactivate Reorganize Effective Date: _____

Title of Fund/Org: _____ Fund/Org Number: _____
 Initiator: _____ Department: _____
 Responsible Person: _____ Email: _____
 Signature: _____ Phone: _____
 Dean's Office: _____

Name	Signature	Date
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Reason for action: _____

*If this request is to deactivate or reorganize a fund/organization, do any positions need to be abolished or transferred?
 If yes, provide position number: _____*

Complete this section for Reorganizations only (Funds cannot be reorganized).
 Current Predecessor (Rollup) Code: _____ New Predecessor (Rollup) Code: _____
 Who needs security to view this organization: _____
 Who will be responsible for reconciling this organization? _____
 Do funds need to be moved from another organization? _____
 If so, provide organization and account codes: _____

Budget Office Use Only
 Action Approved By: _____ Date: _____
 P: _____
 F: _____
 If reorganization, budget balance transferred by: _____ Date: _____

General Accounting Use Only:
 Approved by: _____ Date: _____
 Processed by: _____ Date: _____

Budget Office and Initiator contacted with action information by: _____ Date: _____
 Routed to *FAST* for security by: _____ Date: _____
 Routed to Human Resources for home orgs, PORG, ework, pooled positions, timesheets by: _____
 Date: _____
 Routed to Purchasing (deactivations only) for signature cards and encumbrances by: _____ Date: _____

Send this form to the Budget Office (MSN 2E8) or Fax to 3-8772

July 2014