



Fiscal Services

Fund/Organization Change Request Form

Deactivate	Reorganize
Effective Date: _____	Initiator: _____ Phone: _____
Fund/Org Number: _____	Email: _____
Fund/Org Title: _____	Department: _____
Responsible Person: _____	
Name	Signature Date
Dean's Office: _____	
Name	Signature Date
Reason for action: _____	

Complete this section for Deactivation only.	
Validated identified org has no outstanding issues on _____	
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? _____	

General Accounting Use Only:

Approved/Processed by: _____

Date: _____

Routed to FAST for security by: _____

Date: _____

Please send form to Nusrat Sultana at
nsultan5@gmu.edu

*Last revised
April 2020*