# Information Needed to Establish a Cost Center

Form Submission Date: _____

Individual Submitting Form: _____ Phone Number: _____

Cost Center Name: _____

Department: _____

Cost Center Purpose (please provide a description of why the cost center is needed):

_____

_____

_____

_____

_____

Funding Source (please provide the source of funds for expenditures):

_____

_____

_____

Do you need to have SAP input created for you? Yes _____ No _____
(To process financial transactions, Purchase Req./Purchaser Orders, etc. against account)

Do you need BI report access? Yes _____ No _____

Primary User Name: (Individual to input requisitions/monitor budget) _____

Cost Center Administrator: (Individual responsible for budget) _____

President/Vice President/Node reporting:

_____ 551 President          _____ 552 Provost          _____ 553 Admin & Finance

_____ 554 Student Affairs/   _____ 555 University        _____556 Human Resources
        Residence Life                     Advancement

*******************************Controller's Office Use Only*******************************

Fund Number: _____ Cost Center Number _____ Function _____

Date notified Requestor with cost center: _____ via email or phone

Date SAP access was created: _____ Datatel # _____ - _____