



REQUEST FOR AN ORGANIZATION NUMBER

1. What activity requires the request for a new organization number? _____

 2. What is the source of funding? How will the University receive the funds? _____

 3. What is the proposed use of any surplus? How long will the organization number be needed?

 4. Financial Manager: _____
Department: _____
Organization Number Title: _____
Requested by: _____ Date: _____
Approved: _____ Date: _____
 Department Head
 _____ Date: _____
 Dean

 5. Organization Number from which any deficit will be funded: _____

(Submit completed form to Controller Office)
-

CONTROLLER OFFICE USE ONLY

Organization Number: _____
Organization Number Title: _____
Approved by: _____ Date: _____