

Request to Establish a Department Cost Center

DCC Name _____ **Short Name** _____
(max 30 characters) (max 10 characters)

Budget Administrator: _____
(Approver) Signature BGNET userid

Date _____
Contact Extension

Fund: _____ **DCC:** _____

Area submitting the request: _____

Submitted by: _____
Email address

Department/College the DCC will be affiliated with: _____

Reason for the request: _____

Estimated Annual Budget \$ _____

Funding Source: _____

Will this Department Cost Center be used to pay personnel (full-time, part-time, or student wages)? _____

This request is being made with the understanding that the fund/DCC will be properly supervised and will not be overdrawn.

Please indicate the people in the following Work Flow roles:
The following employees must currently have access to FMS, otherwise submit a completed FMS Security Access form for the employee and attach to this request.

DCC Senior Administrator: _____
(Dean/Director/Dept Head) Signature BGNET userid

DCC Requester: _____
Name BGNET userid

Please forward form to the Budget Office (Geof Tracy) for final approval.

After this form has been processed, an email notification will be sent.

For Controller's/Budget Office Use Only

Director of Budgeting: _____
Date

Controller: _____
Date

Additional Comments