

Request to Inactivate a Department Cost Center

Please check one box where multiple choices are indicated.

Fund: _____ DCC: _____ Name: _____

Budget Administrator: _____

Signature

Email address

Contact Extension

Inactivation effective date: _____

All encumbrances have been closed.

Remaining balance is zero

OR

Remaining balance of \$_____ should be transferred to:

DCC: _____

DCC Senior Administrator: _____
Name 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

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