

REQUEST FOR ESTABLISHING/REVISING SERVICE CENTER COST/FUNDS CENTERS

Add Change Block Delete

Source of funds (Indicate with "X")

104 - Unrestricted - Other Auxiliary 142 - Plant - Renewal and Replacement (if needed)

THIS BOX FOR GENERAL ACCOUNTING USE ONLY			
Controlling area	<input type="text" value="UK00"/>		Approved <input type="text"/>
FM area	<input type="text" value="UK00"/>		
Cost Center/Funds Center Number - Service Center	<input type="text"/>		Keyed <input type="text"/>
Cost Center/Funds Center Number - Renewal & Replacement	<input type="text"/>		
Valid from dates	<input type="text"/>	to <input type="text" value="12/31/9999"/>	Verified <input type="text"/>
Fund- Service Center	<input type="text"/>		
Fund- Ren. & Repl.	<input type="text"/>		

THIS BOX FOR SPONSORED PROJECTS ACCOUNTING USE ONLY			
Indirect Cost Code	<input type="text" value="S"/>		
Sponsored	<input type="text" value="N"/>		
Name of Cost/Funds Center	<input type="text"/>		
Description	<input type="text"/>		
Responsible Person SAP Logon ID	<input type="text"/>	<input type="text"/>	
Responsible Person Name	<input type="text"/>		
Department Number	<input type="text"/>		
Cost Center Category	<input type="text" value="W"/>		
Hierarchy area	<input type="text"/>		
Business Area	<input type="text" value="0101 - UK w/o component units"/>		
Currency	<input type="text" value="USD"/>		

Cost/Funds Center Mailing Address:	Title <input type="text"/>	
	Name <input type="text"/>	
	Campus Address <input type="text"/>	
	Speed sort <input type="text"/>	

Funding Category Code	<input type="text"/>
Research Priority Area	<input type="text"/>
Budget Family	<input type="text"/>
Functional Area	<input type="text"/>
Discipline (CIP code)	<input type="text"/>
Cancer Research Match	<input type="text" value="N - Not Eligible for Match or Reportable"/>

Indicate with "X" Service Center Valid Account for Payroll (Renewal & Replacement Accounts are not valid for payroll)

Other Service Center Information (Only signatures are necessary when revising the account information above.)

Affiliated Dept. Name: _____	Location (Building, rooms): _____
Products/Services Provided: _____	Users of the Service Center: _____

Required Explanation: (Please briefly explain the need and intended use for the service center)

List other Cost Center Groups Included in this Service Center: _____

Attach: (1) Equipment list, (2) Rate Development Worksheet, (3) Budget Revision Form (if necessary)

Signature indicates acceptance of management and fiscal responsibility in accordance with University service center policy and procedures.

Manager: _____

Signature	Printed	Phone Number
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APPROVALS:

Department Chair	Area Fiscal Officer
Date	Date

Sponsored Projects Accounting	OPBE
Date	Date