

PURPOSE:

The ORGANIZATION REQUEST FORM is a standard university template provided to departments to activate, revise, or inactivate Banner orgs.

Mail completed forms to: Jones Building, 118, CPO43A, 521 Lancaster Avenue, Richmond, Kentucky 40475-3102

If you have any questions please call (859) 622-4642.

COMPLETION INSTRUCTIONS:

SECTION 1:

ORGANIZATION INFORMATION Check the appropriate box to "Activate," "Revise," or "Inactivate" an org. Activating an org will create a new org or reactivate an existing org. Revising an org may be used to change or correct any of the org information such as title, authorized individuals, etc. Inactivating an org will remove it from the active org directory. The org may be reactivated at any time by resubmitting this form.

Also check the appropriate chart of accounts to be used: Eastern Kentucky University, Foundation or Arlington.

Include a suggested organization title in section 1. For example, "Program XYZ" and the department of the organization.

Include the Name, ID#, Campus Bldg Address, Telephone and Fax Number of the person who will have access to detailed fiscal activity, in salary information, and who has primary responsibility for control of that activity.

SECTION 2:

JUSTIFICATION AND FUNDING Include a description and justification of the organization. For example, "new program to research the effect of XYZ on Kentucky water supply."

Include the source of organization funding if applicable such as an existing org.

SECTION 3:

AUTHORIZED INDIVIDUALS Each person authorized to approve transactions within this organization must print their name and ID#, sign, and date as indicated in Section 3.

SECTION 4:

APPROVALS Signatures for approval are required from the Organization Administrator (preparer), Dean or Director, and Vice President or Provost. Please provide your email address and date where indicated.

SECTION 5:

For internal use only.



Organization Request Form

Please type or print legibly.

Type of transaction Activate (Complete all sections) Revise (Complete sections 1, 3 & 4.) Inactivate (Complete sections 1 & 4.)
 Chart of Accounts E - Eastern Kentucky University F - Foundation R - Arlington

1. Organization Information	Suggested Organization Title (Max 30 Characters)				Name of Department						
	Person who will have access to detailed fiscal activity, including salary information, and who has primary responsibility for control of that activity.										
	Name				ID #						
	Campus Building Address				Telephone and Fax Number						
2. Justification & Funding	Description and Justification of Organization. Attach any pertinent documentation.										
	Source of Organization Funding. (If applicable)										
3. Authorized Individuals	Individual(s) Authorized to Approve Transactions Within this Organization										
	As an authorized individual, I certify all expenditures are in compliance with University policy and procedure and where applicable with granting agency/donor terms and conditions.										
	Print Name and ID Number			Signature			Date				
	Print Name and ID Number			Signature			Date				
Print Name and ID Number			Signature			Date					
4. Approvals	Organization Administrator			Signature			Email				
							Date				
	Dean/Director			Signature			Email				
							Date				
	Vice President/Provost			Signature			Email				
							Date				
Submit original form to Budget Office, 521 Lancaster Ave, CPO 43A. To ensure prompt processing, complete the entire form and obtain all signatures.											
5. For Internal Use Only	Fund Number		Org Number		Program		Fund Roll Up		Org Roll Up		<input type="checkbox"/> Unrestricted <input type="checkbox"/> Restricted
Approved By					Date						