

Request for New Organization Code

FTMORGN

Chart of Accounts¹: U
 Active Status¹:
 Organization Code: _____
 Organization Title: _____ (Not to exceed 35 characters)
 Effective Date¹: _____
 Termination Date¹: <blank>
 Data Entry¹:
 Predecessor Org: _____ (Department level this organization reports)
 Default Fund: _____ (Default fund charged if intended fund is unavailable)
 Default Program¹: <blank>
 Default Activity¹: <blank>
 Default Location¹: <blank>
 Budget Control Org: _____ (Mgt or Dept code used when budget checking)
 Comb. Budg. Control¹:

¹All new organizations use these standard settings.

Other Information

	Name	PID
Department Head:		
Fiscal Contact (Primary):		
Fiscal Contact (Backup):		
Payroll Contact:		
Equipment Contact:		
Mail Code:		

Reason the new organization is needed:

Person completing this request:

 Name Date

 Email Phone

CONTROLLER'S OFFICE USE ONLY:

Reviewed by:	Approved by:	FTMORGN and FZIDPTH entered by: