**Requestor:**  **Phone #:**  **Department:**  **Date:**

**CREATE: DEACTIVATE: CHANGE:**

**[ ]  Center** **[ ]  Center** **[ ]  Center**

**[ ]  Internal Order [ ]  Internal Order [ ]  Internal Order**

**[ ]  Project [ ]  Project [ ]  Project**

**Center Name (20 characters):**

**Cost Center/ Internal Order/ Project Number (if Changing or Deactivating):**

**Profit Center Number (if Changing or Deactivating):**

**Center Description (40 characters):**

**MAPPING NEEDS:**

**Fund:**  **Level 1** **Node:**  UAMS **Level 2 Node(Division):**

**Level 3 Node (Dept.):**  **Level 4 Node (Sub-Dept.):**  **Level 5 Node:**

**Source of funds for Profit center/ Internal Order/ Project:**

**Disposition of balance/ deficit to deactivate center #:**

**PURPOSE:**

**[ ]  Instruction** **[ ]  Research** **[ ]  Public Service [ ]  Operations & Maintenance**

**[ ]  Student Services [ ]  Auxiliary [ ]  Academic Support**

**[ ]  Scholarships** **[ ]  Patient Care [ ]  Institutional Support**

**[ ]  Other (Please describe.)**

**Is the Department located On-Campus?** **[ ]  Yes** **[ ]  No**

**If Off-Campus, provide location:**

**Dept. Business Officer:** **Phone #:** **Mail Slot:**

**Effective Date:**  **End Date:**

**Authorized Individuals:**

**SIGNATURE: PRINT:**

|  |  |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Comments:**

**HUMAN RESOURCES INFORMATION REQUIRED FOR NEW CENTERS:**

**Will people and positions be assigned to this center as a home department?** **[ ]  Yes** **[ ]  No**

**If YES, please send the applicable information to Human Resources.**

**TO BE COMPLETED BY FINANCE:**

**Assigned Cost Center/ Order/ Project Number:**

**Assigned Cost Center/ Order/ Project Name:**

**Assigned Profit Center Number:**

**Assigned Profit Center Name:**

**Assigned Fund Center Number:**

**Assigned Fund Center Name:**

**Funds:**

**Function Code:** **CFDA:** **Federal Document ID:**

**On / Off Campus:**  **IDC Rate:**

**Cognizant Agency:**   **Granting Agency:**

**Approval:**   **Input by:**   **Date:**