**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:**

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**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:**