

ChartField: ____ - ____ - ____ - ____

University of Rhode Island – New ChartField Request Form for New Departments and Programs

(Note - one form for each unique ChartField combination)

(For new grants contact Grant & Contract Accounting. For new funds contact the Budget Office)

Requesting Department: _____ Tel: _____

New ChartField Name: _____

Request for new: Department Program Project (For Bond Funds and Capital Projects only)

Start Date: _____ End Date (if applicable): _____

(please attach memo justifying need for a new for the new chartfield string and any other pertinent backup information)

Description/Purpose of Chart Field: _____

Responsible Person*: _____ Title: _____ Dept: _____

*(Must match responsible person on signature authorization form)

This form must be accompanied by a Signature Authorization Form and a Budget by Account

Source of Funding Request (Check one box within this area):

- | | |
|--|---|
| <input type="checkbox"/> Unrestricted (100) | <input type="checkbox"/> Ledger 3 (non Dean's Overhead) (101) |
| <input type="checkbox"/> Dean's Overhead (110) | <input type="checkbox"/> Foundation |
| <input type="checkbox"/> Auxiliary/Enterprise Fund (name of aux/enterprise): _____ | fund #: _____ |
| <input type="checkbox"/> Private Gift | |
| <input type="checkbox"/> Other (If externally restricted, please indicate name of funding source): _____ | |

If restricted please indicate: Yes No

Annual Revenue Projection \$ _____ Annual Expenditure Projection \$ _____

Type of Expenditures: Personnel Operating Capital Scholarships

Signatures:

(1) Responsible Person's Signature: _____ Date: _____

(2) Vice President/Dean or Director's Signature: _____ Date: _____

(3) Provost/Vice President's Signature (if an academic program): _____ Date: _____

(4) Budget Office Signature: _____ Date: _____

Note: A deficit in the self supporting ChartField/Program will be charged to the College Dean's overhead account if an alternate source(s) of funding is not available.