

**INSTRUCTIONS FOR COMPLETING FORM  
“REQUEST NEW BUDGET PURPOSE OR UNIT / CHANGE IN BUDGET PURPOSE OR UNIT”**

**I. Change the Title of an Existing Budget Purpose:**

**A.** In **Section 1** of the “Request New Budget Purpose or Unit / Change in Budget Purpose or Unit” form complete the following fields:

- 1. Budget Purpose (BP):** Enter the Budget Purpose value needing a Title Change.
- 2. Check box “Change the Title of an Existing BP.”**
- 3. Date Submitted:** Enter the date the form will be submitted to Accounting Services. The format of this field is ‘DD Mmm YYYY’ where DD is day, Mmm is month, and YYYY is year. For example January 29, 2002 is entered as 29 Jan 2002.
- 4. Prepared by:** Enter the name of the individual preparing the form.
- 1. Phone No:** Enter the telephone number of the individual preparing the form.

**B.** In **Section 2** of the form complete the following required fields:

- 1. Effective Date:** Enter the calendar date as to when the title change is to take place. The format of this field is ‘DD Mmm YYYY’ where DD is day, Mmm is month, and YYYY is year. For example July 1, 2002 is entered as 01 Jul 2002.
- 2. Reason for Change:** Provide a brief justification as to why the title should be changed. Note the title change cannot change the funding source or the original function of the account. If either of these has changed, the account must be discontinued and paperwork must be submitted to request the creation of a new Budget Purpose.

**REQUEST NEW BUDGET PURPOSE OR UNIT/  
CHANGE IN BUDGET PURPOSE OR UNIT**  
SOUTHERN ILLINOIS UNIVERSITY

**Section 1** (See "link" for detailed instructions) [Accounting Services Link](#)

Budget Purpose (BP): 272008  
(Attach a listing for multiple Budget Purpose Numbers)

Request a New Budget Purpose       Request a New Unit  
 Discontinue a Budget Purpose       Discontinue a Unit  
 Replace a Fiscal Officer       Replace a Unit Officer  
 Change the Title of an existing BP       Change the Name of an existing Unit  
 Move a BP to Another Unit

Date Received by Accounting Services: \_\_\_\_\_

Date Submitted: 27 Jul 2007

Prepared by: Sandy Partridge

Phone Number: 618-536-2616

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**Section 2**

Effective Date: 27 Jul 2007      Discontinue Date: \_\_\_\_\_

Reason for Change: Enter reason for change. Note: Title change can not change purpose and funding.

**Callout boxes:**

- Click in box to select. (points to the checked box for "Change the Title of an existing BP")
- Enter Budget Purpose. (points to the Budget Purpose field)
- Enter current date. DD Mmm YYYY. (points to the Date Submitted field)
- Enter Name and Phone Number. (points to the Prepared by and Phone Number fields)
- Type brief justification as to why the change. (points to the Reason for Change field)

**C.** In **Section 3** of the form complete the following required fields:

- 1. Budget Purpose Title:** Enter the current title of the Budget Purpose.
- 2. New Budget Purpose Title:** Enter the proposed Budget Purpose Title.

**D.** In **Section 4** of the form complete the following required fields:

- 1. Fiscal Officer Name:** Enter the name of the Fiscal Officer responsible for this Budget Purpose.
- 2. Phone Number:** Enter the office telephone number of the Fiscal Officer named in Item IV-D-1.
- 3. Fiscal Officer Title:** Enter the title of the Fiscal Officer named in Item IV-D-1.
- 4. Mail Code:** Enter the campus mail code for the Fiscal Officer named in Item IV-D-1.
- 5. E-mail Address:** Enter the e-mail address of the Fiscal Officer named in Item IV-D-1.

**Section 3**

Budget Purpose Title: GENERAL ACCOUNTING

New Budget Purpose Title: ACCOUNTING SERVICES

Describe in detail how new Budget Purpose will be funded:

Describe in detail how new Budget Purpose will be used:

**Section 4**

Fiscal Officer Name: SANDY PARTRIDGE Phone Number: 618-536-2616

Fiscal Officer Title: ADMINISTRATIVE AIDE Mail Code: 6812 Email Address: sandyp4@siu.edu

Name of Fiscal Officer to be replaced:

Callout boxes: Enter Budget Purpose Title, Enter NEW Budget Purpose Title, Enter Fiscal Officer's name, Enter Phone Number, Enter Title of F.O., Enter Mail Code, Enter email.

**E. In Section 5 of the form complete the following required fields:**

- 1. Unit Value:** Enter the Unit Value of the University department to which the Budget Purpose(s) is currently assigned.
- 2. Unit Name:** Enter the name of the University Department that corresponds to the Unit Value in Item IV-E-1.
- 3. Unit Officer Name:** Enter the name of the Unit Officer who is responsible for the Unit Value in Item IV-E-1.
- 4. Phone Number:** Enter the office telephone number of the Unit Officer named in Item IV-E-3.
- 5. Unit Officer Title:** Enter the title of the Unit Officer named in Item IV-E-3.
- 6. Mail Code:** Enter the campus mail code of the Unit Officer named in Item IV-E-3.
- 7. E-mail Address:** Enter the e-mail address of the Unit Officer named in Item IV-E-3.

**Section 5**

Unit Value: 23720 Unit Name: ACCOUNTING SERVICES

Unit Officer Name: JUDITH MARSHALL Phone Number: 618-536-2626

Unit Officer Title: Director Mail Code: 6812 Email Address: jmarshal@siu.edu

New Unit Value: New Unit:

New Unit Officer Name: New Unit Officer Title: Mail Code: Email Address:

Callout boxes: Enter Unit Value, Enter Unit Name, Enter Unit Officer, Enter Unit Officer Title, Enter Mail Code, Enter Phone Number, Enter email.

**F. Obtain the required signatures on page two of the form. The reporting level of the Fiscal Officer determines the signatures needed to complete the form. The signatures required to change the title of an existing Budget Purpose are the Fiscal Officer and each higher reporting level as follows:**

- 1. Original** signature of the Fiscal Officer.

2. Original signature of the Unit Officer.
3. Original signature of the Dean or Director (if applicable).
4. Original signature of the Vice Chancellor.
5. Original signature of the Chancellor (if the Vice Chancellor or a member of the Vice Chancellor's staff is the Fiscal Officer).
6. Original signature of the President (if the Chancellor or a member of the Chancellor's staff is the Fiscal Officer).

The form has been designed to allow an individual to always sign on a line corresponding with his or her reporting level regardless of the purpose of the form (i.e., the Dean/Director will always sign on the line for Dean/Director, the Vice Chancellor will always sign on the line for Vice Chancellor, the Chancellor will always sign on the line for Chancellor, etc.).

The Reporting level of the Fiscal Officer determines the signatures needed to complete the form.

If you hold multiple positions, only sign once and use the check boxes.

1.	Signature of Fiscal Officer	Date	<input type="checkbox"/> Fiscal Officer	
2.	Signature of Unit Officer	Date	<input type="checkbox"/> Fiscal Officer	<input type="checkbox"/> Unit Officer
3.	Signature of Dean/Director	Date	<input type="checkbox"/> Fiscal Officer	<input type="checkbox"/> Unit Officer
4.	Signature of Vice Chancellor	Date	<input type="checkbox"/> Fiscal Officer	<input type="checkbox"/> Unit Officer
5.	Signature of Chancellor	Date	<input type="checkbox"/> Fiscal Officer	<input type="checkbox"/> Unit Officer
6.	Signature of President	Date	<input type="checkbox"/> Fiscal Officer	<input type="checkbox"/> Unit Officer
7.	Signature of Previous Fiscal Officer	Date		
8.	Signature of Previous Unit Officer	Date	<input type="checkbox"/> Fiscal Officer	
9.	Signature of Previous Dean/Director	Date	<input type="checkbox"/> Fiscal Officer	<input type="checkbox"/> Unit Officer
10.	Signature of Previous Vice Chancellor	Date	<input type="checkbox"/> Fiscal Officer	<input type="checkbox"/> Unit Officer

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SUBMIT COMPLETED FORM TO ACCOUNTING SERVICES, MC 6812

Page 2 of 2

**NOTE:** The person signing the form should choose the specific 'Signature Line' corresponding with his or her reporting level; and check the appropriate box, if applicable, located to the right of the 'Signature Line' to indicate Fiscal Officer or Unit Officer. The following scenarios are presented as guidance for choosing the correct 'Signature Line'.

1. If the Fiscal Officer reports to a Unit Officer, the required signatures are:
  - a. **Signature Line 1:** Original signature of the Fiscal Officer.
  - b. **Signature Line 2:** Original signature of the Unit Officer.
  - c. **Signature Line 3:** Original signature of the Dean or Director (if applicable).
  - d. **Signature Line 4:** Original signature of the Vice Chancellor.
2. If the Unit Officer is the Fiscal Officer, the required signatures are:
  - a. **Signature Line 2:** Original signature of the Unit Officer.
  - b. Check the box for "Fiscal Officer" immediately to the right of Signature Line 2 to indicate the Unit Officer is the Fiscal Officer.
  - c. **Signature Line 3:** Original signature of the Dean or Director (if applicable).

- d. Signature Line 4:** Original signature of the Vice Chancellor.
3. If a staff member of the Dean/Director's Office is the Fiscal Officer, the required signatures are:
  - a. Signature Line 1:** Original signature of the Fiscal Officer.
  - b. Signature Line 3:** Original signature of the Dean or Director.
  - c. Signature Line 4:** Original signature of the Vice Chancellor.
4. If the Dean or Director is the Fiscal Officer, the required signatures are:
  - a. Signature Line 3:** Original signature of the Dean or Director.
  - b.** Check the box for "Fiscal Officer" immediately to the right of Signature Line 3 to indicate the Dean or Director is the Fiscal Officer.
  - c. Signature Line 4:** Original signature of the Vice Chancellor.
5. If a staff member of the Vice Chancellor's Office is the Fiscal Officer, the required signatures are:
  - a. Signature Line 1:** Original signature of the Fiscal Officer.
  - b. Signature Line 4:** Original signature of the Vice Chancellor.
  - c. Signature Line 5:** Original signature of the Chancellor.
6. If the Vice Chancellor is the Fiscal Officer, the required signatures are:
  - a. Signature Line 4:** Original signature of the Vice Chancellor.
  - b.** Check the box for "Fiscal Officer" immediately to the right of Signature Line 4 to indicate the Vice Chancellor is the Fiscal Officer.
  - c. Signature Line 5:** Original signature of the Chancellor.
7. If a staff member of the Chancellor's Office is the Fiscal Officer, the required signatures are:
  - a. Signature Line 1:** Original signature of the Fiscal Officer.
  - b. Signature Line 5:** Original signature of the Chancellor.
  - c. Signature Line 6:** Original signature of the President.
8. If the Chancellor is the Fiscal Officer, the required signatures are:
  - a. Signature Line 5:** Original signature of the Chancellor.
  - b.** Check the box for "Fiscal Officer" immediately to the right of Signature Line 5 to indicate the Chancellor is the Fiscal Officer.
  - c. Signature Line 6:** Original signature of the President.
9. If a staff member of the President's Office is the Fiscal Officer, the required signatures are:
  - a. Signature Line 1:** Original signature of the Fiscal Officer.
  - b. Signature Line 6:** Original signature of the President.
10. If the President is the Fiscal Officer, the required signatures are:
  - a. Signature Line 6:** Original signature of the President.
  - b.** Check the box for "Fiscal Officer" immediately to the right of Signature Line 6 to indicate the President is the Fiscal Officer.

**If your reporting line does not match one of the scenarios above or if you are unsure as to the Signature requirements, please contact Accounting Services at 536-2351.**