

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

**I. Change the Name of an Existing Unit (Documentation demonstrating the approval of the Chancellor and/or copies of the Board Minutes, if Board approval is required, will need to accompany this form):**

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

- 1. Check box “Change the Name of an Existing Unit”**
- 2. 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.
- 3. Prepared by:** Enter the name of the individual preparing the form.
- 4. 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 new Unit Name is to go into effect. 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 for the change in Unit Name. In addition, attach documentation to the form demonstrating the approval of the Chancellor and/or copies of the Board Minutes, if Board approval is required.

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

---

**Section 1** (See "link" for detailed instructions)

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

[Accounting Services Link](#)

<input type="checkbox"/> Request a New Budget Purpose <input type="checkbox"/> Discontinue a Budget Purpose <input type="checkbox"/> Replace a Fiscal Officer <input type="checkbox"/> Change the Title of an existing BP <input type="checkbox"/> Move a BP to Another Unit	<input type="checkbox"/> Request a New Unit <input type="checkbox"/> Discontinue a Unit <input type="checkbox"/> Replace a Unit Officer <input checked="" type="checkbox"/> Change the Name of an existing Unit
--	--

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

Date Submitted: 27 Jul 2007

Prepared by: Sandy Partridge

Phone Number: 618-536-2616

---

**Section 2**

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

Reason for Change: Brief description that prompted the change.

Click in the box to select.

Enter Current Date. DD Mmm YYYY.

Enter Effective Date. DD Mmm YYYY.

Enter Name and Phone Number.

Provide justification for the change in Unit Name.

**C. Skip Section 3.**

**D. Skip Section 4.**

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

- 1. Unit Value:** Enter the Unit Value of the University Department.

2. **Unit Name:** Enter the current name of the University Department that corresponds to the Unit Value in Item IX-E-1.
1. **Unit Officer Name:** Enter the name of the Unit Officer who is responsible for the Unit Value named in IX-E-1.
2. **Phone Number:** Enter the office telephone number of the Unit Officer named in Item IX-E-3.
3. **Unit Officer Title:** Enter the title of the Unit Officer named in Item IX-E-3.
4. **Mail Code:** Enter the campus mail code of the Unit Officer named in Item IX-E-3.
5. **E-mail Address:** Enter the e-mail address of the Unit Officer named in Item IX-E-3.
6. **New Unit Name:** Enter the requested New Unit Name in the field located in the middle of the line directly below the separation dark line.

**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 Name: \_\_\_\_\_

New Unit Officer Name: \_\_\_\_\_

New Unit Officer Title: \_\_\_\_\_      Mail Code: \_\_\_\_\_      Email Address: \_\_\_\_\_

ACS0305  
06/07

Page 1 of 2

F. Obtain the required signatures on page two of the form. The reporting levels of the Unit Officer determine the signatures needed to complete the form. The signatures required to change the name of an existing Unit are as follows:

1. Original signature of the Unit Officer.
2. Original signature of the Dean or Director (if applicable).
3. Original signature of the Vice Chancellor.
4. Original signature of the Chancellor (if the Vice Chancellor or a member of the Vice Chancellor's staff is the Unit Officer).
5. Original signature of the President (if the Chancellor or a member of the Chancellor's staff is the Unit 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 Unit 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		
2.	Signature of Unit Officer	Date	<input type="checkbox"/> Fiscal 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

ACS0305  
06/07

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 Unit Officer. The following scenarios are presented as guidance for choosing the correct ‘Signature Line’.

1. If the Unit Officer reports to a Dean/Director or in the absence of a Dean/Director position the Unit Officer reports to the Vice Chancellor, the required signatures are:
  - a. **Signature Line 2:** Original signature of the Unit Officer.
  - b. **Signature Line 3:** Original signature of the Dean or Director (if applicable).
  - c. **Signature Line 4:** Original signature of the Vice Chancellor.
2. If the Unit Officer is the Dean or Director, the required signatures are:
  - a. **Signature Line 3:** Original signature of the Dean or Director.
  - b. Check the box for “Unit Officer” located to the right of Signature Line 3 to identify the Dean or Director as the Unit Officer.
  - c. **Signature Line 4:** Original signature of the Vice Chancellor.
3. If a staff member of the Vice Chancellor’s Office is the Unit Officer, the required signatures are:
  - a. **Signature Line 2:** Original signature of the Unit Officer.
  - b. **Signature Line 4:** Original signature of the Vice Chancellor.
  - c. **Signature Line 5:** Original signature of the Chancellor.
3. If the Unit Officer is the Vice Chancellor, the required signatures are:
  - a. **Signature Line 4:** Original signature of the Vice Chancellor.
  - b. Check the box for “Unit Officer” located to the right of Signature Line 4 to identify the Vice Chancellor as the Unit Officer.
  - c. **Signature Line 5:** Original signature of the Chancellor.

**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.**