

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

**I. Move an Existing Budget Purpose to Another Unit.**

**IMPORANT NOTICE FROM HUMAN RESOURCES**

If salaries are being paid from the Budget Purpose to be moved, an Excel spreadsheet in the format shown below must be forwarded to Accounting Services with the “Request New Budget Purpose or Unit / Change in Budget Purpose or Unit” form. Human Resources will use the spreadsheet to change the assignment costing for the listed individuals from the old Unit value to the new Unit value. Assignment Costing forms will not be required.

Social Security Number	Employee Name	Organization	Budget Purpose Number	Old Unit Value	New Unit Value	Effective Date for Change
123-45-0000	John Doe	Accounting Services	272888	23304	26001	04/01/02
000-32-5555	Mary Hancock	Accounting Services	272888	23304	26001	04/01/02

**IMPORANT NOTICE FROM HUMAN RESOURCES**

If wages are being paid from the Budget Purpose to be moved, an Excel spreadsheet in the format shown below must be forwarded to Accounting Services with the “Request New Budget Purpose or Unit / Change in Budget Purpose or Unit” form. Human Resources will use the spreadsheet to change the assignment costing for the listed individuals from the old Unit value to the new Unit value. Assignment Costing forms will not be required.

Employee Name	Department	Job Classification	Budget Purpose Number	Old Unit Value	New Unit Value
John Doe	Accounting Services	Clerical and Office Related	272888	23304	26001
Mary Hancock	Accounting Services	Clerical and Office Related	272888	23304	26001

The “Request New Budget Purpose or Unit / Change in Budget Purpose or Unit” form is completed as follows:

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

- Budget Purpose (BP):** Enter the Budget Purpose (BP) value to be moved to another Unit. If there is more than one BP for the same Fiscal Officer within a Unit, enter “See Attached.” Attach a memo containing a list of the BP values with corresponding titles (See Item V-C-1).

**Note: More than one Budget Purpose may be submitted on a single form as an attachment providing the Fiscal Officer and Unit is the same for all Budget Purposes.**

- Check box “Move a BP to Another Unit”**
- 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.
- Prepared by:** Enter the name of the individual preparing the form.
- Phone No:** Enter the telephone number of the individual preparing the form.

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

- Effective Date:** Enter the calendar date as to when the change 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. Note: Budget Purpose Unit Changes submitted in the current month become effective no earlier than the first of the next month.
- Reason for Change:** Provide a brief justification for moving the Budget Purpose(s) to another Unit.

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

**Section 1**

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

(See "link" for details on Accounting Services Link)

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

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

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 of why BP is being moved.

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

- Budget Purpose Title:** Enter the title of the Budget Purpose. If there is more than one BP for the same Fiscal Officer within a Unit, enter “See Attached.” Attach a memo containing a list of the BP values with corresponding titles (See Item V-A-1).

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

- Fiscal Officer Name:** Enter the name of the Fiscal Officer responsible for the Budget Purpose(s).
- Phone Number:** Enter the office telephone number of Fiscal Officer named in Item V-D-1.

3. **Fiscal Officer Title:** Enter the title of the Fiscal Officer named in Item V-D-1.
4. **Mail Code:** Enter the campus mail code for the Fiscal Officer named in Item V-D-1.
5. **E-mail Address:** Enter the e-mail address of the Fiscal Officer named in Item V-D-1.

**Section 3**

Budget Purpose Title: \_\_\_\_\_  
Accounting Services

New Budget Purpose Title: \_\_\_\_\_

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: \_\_\_\_\_

Callouts:

- Enter Budget Purpose Title.
- Enter Fiscal Officer's name.
- Enter Mail Code.
- Enter Fiscal Officer's title.
- Enter Phone Number and E-mail.

**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 V-E-1.
3. **Unit Officer Name:** Enter the name of the Unit Officer who is responsible for the Unit Value in Item V-E-1.
4. **Phone Number:** Enter the office telephone number of the Unit Officer named in Item V-E-3.
5. **Unit Officer Title:** Enter the title of the Unit Officer named in Item V-E-3.
6. **Mail Code:** Enter the campus mail code of the Unit Officer named in Item V-E-3.
7. **E-mail Address:** Enter the e-mail address of the Unit Officer named in Item V-E-3.
8. **New Unit Value:** Enter the **new** Unit Value of the University department to which the Budget Purpose(s) will be moved.
9. **New Unit Name:** Enter the name of the University Department that corresponds to the **New** Unit Value in Item V-E-8.
10. **New Unit Officer Name:** Enter the name of the Unit Officer who is responsible for the **New** Unit Value in Item V-E-8.
11. **Phone Number:** Enter the office telephone number of the **New** Unit Officer named in Item V-E-10.
12. **New Unit Officer Title:** Enter the title of the **New** Unit Officer named in Item V-E-8.
13. **Mail Code:** Enter the campus mail code of the **New** Unit Officer named in Item V-E-8.
14. **E-mail Address:** Enter the e-mail address of the **New** Unit Officer named in Item V-E-8.

**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: sandyp4@siu.edu

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New Unit Value: 23501      New Unit Name: EXECUTIVE DIRECTOR OF FINANCE

New Unit Officer Name: KEVIN BAME      Phone Number: 618-536-3476

New Unit Officer Title: EXECUTIVE DIRECTOR      Mail Code: 4315      Email Address: kbame@siu.edu

Enter Unit Value.

Enter Unit Name.

Enter Mail Code.

Enter Phone and Email.

Enter Unit Officer's Name and Title.

Enter NEW Unit Name.

Enter NEW Unit Value.

Enter NEW Unit Officer's Name and Title.

Enter Mail Code.

Enter Phone and 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 move an existing BP to another Unit 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 **new** Unit Officer.
6. Original Signature of the **new** Dean or Director if the BP is moving to a Unit in a different Dean/Director Area (if applicable).
7. Original Signature of the **new** Vice Chancellor if the BP is moving to a Unit in a different Vice Chancellor Area.

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.

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	<input type="checkbox"/> Fiscal Officer	
8.	Signature of Previous Unit Officer	Date	<input type="checkbox"/> Fiscal Officer	<input type="checkbox"/> Unit 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

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

**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. The previous Unit Officer should sign on Signature Line 8, 9, or 10 depending on his or her reporting level and check the adjacent Unit Officer box if applicable. The Previous Unit Officer should sign on:
    - i. **Signature Line 8** if the previous Unit Officer reports to the Dean/Director or in the absence of the Dean/Director position the previous Unit Officer reports to the Vice Chancellor.
    - ii. **Signature Line 9 and check the box “Unit Officer”** located to the right of this line if the previous Unit Officer is the Dean or Director.
    - iii. **Signature Line 10 and check the box “Unit Officer”** located to the right of this line if the previous Unit Officer is the Vice Chancellor.
  - c. **Signature Line 2:** Original signature of the **New** Unit Officer.
  - d. **Signature Line 3:** Original signature of the Dean or Director if the old and new Units report to the same Dean/Director Area. Otherwise, the **new** Dean or Director must sign on **Signature Line 3** and the **previous** Dean or Director must sign on **Signature Line 9**, (if applicable).
  - e. **Signature Line 4:** Original signature of the Vice Chancellor if the old and new Units report to the same Vice Chancellor Area. Otherwise, the **new** Vice Chancellor must sign on **Signature Line 4** and the **previous** Vice Chancellor must sign on **Signature Line 10**.
2. If the Unit Officer is the Fiscal Officer, the required signatures are:
  - a. **Signature Line 8:** Original signature of the Previous Unit Officer.
  - b. Check the box for “Fiscal Officer” immediately to the right of Signature Line 8 to indicate the Previous Unit Officer is the Fiscal Officer.
  - c. **Signature Line 3:** Original signature of the Dean or Director if the old and new Units report to the same Dean/Director Area. Otherwise, the **new** Dean or Director must sign on **Signature Line 3** and the **previous** Dean or Director must sign on **Signature Line 9**, (if applicable).
  - d. **Signature Line 2:** Original signature of the **New** Unit Officer.
  - e. **Signature Line 4:** Original signature of the Vice Chancellor if the old and new Units report to the same Vice Chancellor Area. Otherwise, the **new** Vice Chancellor must sign on **Signature Line 4** and the **previous** Vice Chancellor must sign on **Signature Line 10**.
3. If the Dean or Director is the Fiscal Officer, the required signatures are:
  - a. **Signature Line 9:** Original signature of the **Previous** Dean or Director (if applicable).
  - b. Check the box for “Fiscal Officer” immediately to the right of Signature Line 9 to indicate the Previous Dean or Director is the Fiscal Officer.
  - c. **Signature Line 2:** Original signature of the **New** Unit Officer.
  - d. **Signature Line 3:** Original signature of the **New** Dean or Director (if applicable).
  - e. **Signature Line 4:** Original signature of the Vice Chancellor if the old and new Units report to the same Vice Chancellor Area. Otherwise, the **new** Vice Chancellor must sign on **Signature Line 4** and the **previous** Vice Chancellor must sign on **Signature Line 10**.
4. If the Previous Vice Chancellor is the Fiscal Officer, the required signatures are:
  - a. **Signature Line 10:** Original signature of the **Previous** Vice Chancellor.

- b. Check the box for “Fiscal Officer” immediately to the right of Signature Line 10 to indicate the Previous Vice Chancellor is the Fiscal Officer.
- c. **Signature Line 2:** Original signature of the **New** Unit Officer.
- d. **Signature Line 3:** Original signature of the **New** Dean or Director (if applicable).
- e. **Signature Line 4:** Original signature of the **New** Vice 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.**