

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

- I. Request a New 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 “Request a New 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 is to become active and available for use. 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 creation of a new Unit. 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) [Accounting Services Link](#)

Budget Purpose (BP): \_\_\_\_\_  
 (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

**Section 2**

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

Reason for Change: Provide brief description why a new unit is needed.

**C. Skip Section 3.**

**D. Skip Section 4.**

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

- 1. New Unit Name:** Enter the name of the **new** University Department (Maximum size of this field in AIS is 70 characters).
- 2. New Unit Officer Name:** Enter the name of the Unit Officer who will be responsible for the new Unit Value (Maximum size of this field in AIS is 50 characters).
- 3. Phone Number:** Enter the office telephone number of the Unit Officer named in Item VI-E-2.

4. **Unit Officer Title:** Enter the title of the Unit Officer named in Item VI-E-2.
5. **Mail Code:** Enter the campus mail code of the Unit Officer named in Item VI-E-2.
6. **E-mail Address:** Enter the e-mail address of the Unit Officer named in Item VI-E-2.

**Section 5**

Unit Value: \_\_\_\_\_ Unit Name: \_\_\_\_\_

Unit Officer Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

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New Unit Value: 23755 New Unit Name: MY NEW UNIT NAME GOES HERE

New Unit Officer Name: SANDY PARTRIDGE Phone Number: 618-536-2616

New Unit Officer Title: DIRECTOR Mail Code: 6812 Email Address: sandyp4@siu.edu

**Enter NEW Unit Name.**

**Enter New Unit Officer name and Title.**

**Enter Mail Code.**

**Enter Phone Number and Email.**

**F.** Obtain the required signatures on page two of the form. The reporting level of the Unit Officer determines the signatures needed to complete the form. The signatures required to request a new Unit are the Unit Officer and each higher reporting level 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.**

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

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

7.	_____	_____		
	Signature of Previous Fiscal Officer	Date		
8.	_____	_____	<input type="checkbox"/> Fiscal Officer	
	Signature of Previous Unit Officer	Date		
9.	_____	_____	<input type="checkbox"/> Fiscal Officer	<input type="checkbox"/> Unit Officer
	Signature of Previous Dean/Director	Date		
10.	_____	_____	<input type="checkbox"/> Fiscal Officer	<input type="checkbox"/> Unit Officer
	Signature of Previous Vice Chancellor	Date		

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SUBMIT COMPLETED FORM TO ACCOUNTING SERVICES, MC 6812

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**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.
4. 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.**