

The University of Southern Mississippi

Request for New Chartfield

Date: _____

Section I. New Chartfield Information

- | | | | | |
|--|---|----------------------------------|-------------------------------|--|
| 1. Type of Chartfield Needed | Account | Fund | Dept ID | Prgm Code |
| 2. New Chartfield is for: | E&G | Auxiliary | Athletics | Other |
| Question 3 for New Fund Codes and Dept ID's Only: | | | | |
| 3. Campus Location: | HB
MPI | GP | GCRL | Stennis |
| Question 4 for New Program Codes Only: | | | | |
| 4. Major Functional Area: | Instruction(01)
Student Services(05) | Research(02)
Inst Support(06) | Public Service(03)
O&M(07) | Academic Support(04)
Scholarships(08) |

Section II. Organizational Hierarchy - for new Dept IDs only

1. Department chartfield answers to: _____
- Department name
- _____
- Department ID

Section III. Other Information Needed

2. Effective Date of Establishment: _____
3. Requesting Department Name: _____

Section IV. Summary of Request

Please provide a short narrative as to the purpose of the request, including intended uses for the new chartfield.

Section VII. Contact Information of Requestor:

1. Prepared by _____
2. Phone number _____
3. Email _____

Section VIII: Controller's Office use only:

	Account	Fund	Department ID	Program
New Chartfield Information:				