

Request for New Cost Center

Instructions

1. Complete this form using [Adobe Acrobat or Reader](#).
2. Sign the form using a [Digital Signature](#).
3. Email the completed form to acctservices@uta.edu.

Cost Center Details

General Information

Recommended Cost Center Name _____

Purpose _____

Department Name _____ Dept. Number _____

Date of Request _____ Cost Center Manager _____

Contact Phone _____ Contact Email _____

- | | | |
|--|-----|----|
| Is this cost center primarily for research activities? | Yes | No |
| Will this cost center generate income from the sale of goods or performance of services? | Yes | No |
| Is the activity of this cost center regularly scheduled and frequently carried on? | Yes | No |
| Will the expenditures for this cost center be limited to scholarships? | Yes | No |

Income Source

Educational and General State Appropriations Designated Tuition
Sales and Service Student Fees Gifts Other _____
Transfer from Existing Cost Center Cost Center Number _____

▶ *Submit a Budget Transfer in UT Share.*

Grants and Contracts: Federal State Local Private

Budget Accounts

A&P Salaries B1000 Classified Salaries B1100 Wages B1200
Faculty Salaries B2000 Fringe Benefits B3000 Operating Expenses B4000

Certification

Cost Center Manager Signature _____ Date _____
Department Head Signature _____ Date _____
Dean or VP Signature _____ Date _____
Provost Signature _____ Date _____

Accounting Services Use Only

Approval

Approved Not Approved

AVP for Business Affairs Signature _____ Date _____

Final Cost Center Details

Effective Date _____
Cost Center Number _____ Cost Center Title _____
Fund _____ Function _____ Dept. Number _____
Accounting Services Manager Signature _____ Date _____