

WESTERN MICHIGAN UNIVERSITY



DEPARTMENT SETUP FORM

To: Accounting Services Date: _____

From: _____ Contact Person: _____

campus department name

VP/College: _____ Phone Number: _____

Department Name: _____

title of department requested

Department Administrator: _____

title

name

Purpose and goal of requested department. Please be very specific by giving as much background as possible.

Revenue Source? External? Internal? Please provide fund/department(s) when applicable.

Length of time department will exist (ex: indefinitely, fiscal year 2012/2013, through December 2013)

Expected nature of expenditures.

Desired effective date: _____

For fund 23 requests, provide a fund 11 department # to charge inactivity or deficit balances:

11 - _____

Notify Investments and Endowment Management

Add to Month End Report: _____

Accounting Use Only

Fund: _____ Department Number: _____

Function: _____ VP/College: _____

CIP/Wiche: _____ Effective date: _____

fund 11 only

Approved by: _____ Loaded by: _____

Approved date: _____ Loaded date: _____