The University of Southern Mississippi
Request for New Agency Budget

* INDICATES REQUIRED FIELD

Date: _____

*** Location:** ☐ **Hattiesburg** ☐ **Gulf Park** ☐ **GCRL** ☐ **MS Polymer** ☐ **Stennis Space Center**

*** Requesting Department Name:** _____

*** Name to Assign to Budget:** _____ *** Responsible Department:** _____
(if different from requesting dept)

*** USM Box Number:** _____ *** Effective Date of Establishment:** _____

*** Reason for Action:**
Please provide a short narrative as to the purpose of the request, including a reference to the funding source, general type of expenditures that will be incurred, and/or type of scholarship.

Approvals:

*** Signature Authority:**

_____	_____	_____
please print	please sign approval	date

Co-Signature Authorities:

_____	_____	_____
please print	please sign approval (if required)	date
_____	_____	_____
please print	please sign approval (if required)	date
_____	_____	_____
please print	please sign approval (if required)	date

Prepared by: _____

Phone: _____

Fax: _____

E-Mail: _____

For Controller's Office Use Only:

Budget String assigned: 50H10 (Fund) 700000 (DeptID) _____ (Program)

HR Department No.: _____

Mail Completed Form to:

Controller's Office
Box 5143