

**The University of Southern Mississippi  
Request for New Chartfield / Item Type**

\* INDICATES REQUIRED FIELD

Date: \_\_\_\_\_

\* **New Chartfield**       Account     Fund     Dept ID     Program     Project/Grant     HR Dept

\* **New Item Type**     

\* **Requesting Department Name:** \_\_\_\_\_

\* **New Chartfield/Item Type Name:** \_\_\_\_\_

\* **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.

For Office Use Only	Account	Fund	DeptID	Program	Project/Grant #	HR Dept

\* **Approved Signature Authority:** \_\_\_\_\_  
please type name

\* **Budget answers to:** \_\_\_\_\_

**Prepared by:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_