The University of Southern Mississippi
Request for New Designated Budget

* INDICATES REQUIRED FIELD

Date: _____

*** Fund Type** ☐ **Fees (14X10)** ☐ **Development (14X20)** ☐ **Special Projects (14X40) (DE)** ☐ **Study Abroad (14X50)**

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

*** Requesting Dept. Name:** _____ *** Responsible Department: (if different from requesting dept)** _____

*** Title to Assign to Budget:** _____ * **Department Number (DeptID): to assign to budget** _____
ex: FA Development

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

*** Effective Ending Date of Establishment:** _____

***State the purpose for having this designated budget. Why will it exist? What will it accomplish? Clearly describe its primary purpose & objectives.**

_____
_____
_____
_____
_____

***Is this activity being preformed now through another budget, or is this a new activity of the department? Please explain.**

_____
_____
_____

***Identify sources of expected revenue.**

_____
_____

***Total annual budget (estimated):** _____

Approvals:

*** Signature Authority:**

please print name	Empl ID	please sign approval	date
_____	_____	_____	_____

Co-Signature Authorities:

please print name	Empl ID	please sign approval (if required)	date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

***Vice President/Provost Approval:**

please print name		**please sign approval**	**date**
_____		_____	_____

Prepared by: _____ **Responsible Department:** _____

Phone: _____ **Reports to College, VP, or Provost:** _____

Fax: _____ **Final Level in Reporting Chain:** _____

E-Mail: _____

For Controller's Office Use Only:

Budget String assigned: _____
Fund DeptID Program Project/Grant

HR Department No.: _____

Mail Completed Form to:

Controller's Office
Box 5143