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:** _____
ex: FA Development

*** Department Number (DeptID):** _____
to assign to budget

*** 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

***Dean/Vice President/Provost Approval:**

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

Prepared by: _____

Phone: _____

Fax: _____

E-Mail: _____

Mail Completed Form to:

Controller's Office

Box 5143

For Controller's Office Use Only:

Budget String assigned: _____

Fund	DeptID	Program	Project/Grant

HR Department No.: _____

Responsible Department: _____
Reports to College, VP, or Provost: _____
Final Level in Reporting Chain: _____