

# The University of Southern Mississippi Request for New Designated Budget

Date: \_\_\_\_\_ Form Completed By: \_\_\_\_\_  
Please Print Name Phone Number Email Address

### Section I. Department Information

Requesting Department Name: \_\_\_\_\_ Responsible Department Name: \_\_\_\_\_  
(if different from requesting dept)

### Section II. Fund Type

Fees (14X10)   
  Development (14X20)   
  F&A Recovery (14X25)   
  Lucas Endowments (14X30)  
 Special Projects - DE (14X40)   
  Study Abroad (14X50)   
  Service Center - SC (14X40)

### Section III. Location

Hattiesburg   
  Gulf Park   
  GCRL   
  Stennis CHL   
  MPI

### Section IV. New Budget Information

Title to Assign to Budget: \_\_\_\_\_ Department ID to Assign to Budget: \_\_\_\_\_  
(ex: Nursing Development)

USM Box Number to Assign: \_\_\_\_\_ Effective Beginning Date: \_\_\_\_\_

\*\* Effective Ending Date: \_\_\_\_\_

\*\* Applicable only to certain Special Project such as Research Start-up's, Foundation Grants, and Lucas Endowments

### Section V. Questionnaire

1. State the purpose for having this designated budget. Clearly describe its primary purpose & objectives.
  
  
  
2. Identify sources of expected revenue. Do you plan to have fundraisers to generate revenue? If Yes, please explain.
  
  
  
3. Do you plan to sell any goods or products? If yes, please provide detail (separate Sales Tax reporting procedures will be required).
  
  
  
4. Will goods or services be provided to the general public?  
(General Public is any source other than a USM budget string)
  
5. Is this activity being performed now through another budget, or is this a new activity of the department? If Yes, Please explain.
  
6. What is the estimated total annual budget? \_\_\_\_\_

### Section VI. Signature Authorities and Other Names to Add to New Budget

1. Signature Authority : \_\_\_\_\_  
please print name Empl ID please sign Date

2. Co-Signature Authorities:

\_\_\_\_\_ please print name Empl ID please sign Date

\_\_\_\_\_ please print name Empl ID please sign Date

\_\_\_\_\_ please print name Empl ID please sign Date

3. Non-signature authorities who will create requisitions for this budget string: \_\_\_\_\_  
Please print name Empl ID

### Section VII. Required Approvals

Note: Dean, Vice President, or Provost must Approve

\_\_\_\_\_ please print name please sign approval Date

### Section VIII. Final Approval and Setup (For OFPA and Tax Compliance Use Only)

\_\_\_\_\_ Tax Compliance Officer Date \_\_\_\_\_ Director of OFPA Date

Budget String Assigned by OFPA: \_\_\_\_\_  
Fund DeptID Program Project/Grant

Routing of Form:  
**Department sends to => Tax Compliance (Box 5143) => Tax Compliance sends to OFPA (Box 5119) for final setup**