

**Instructions for Establishing a New Organizational/Budget Unit
Operating Budget Process**

- 1 This packet contains information needed to establish an organizational code during the budget process and/or as financial management requirements evolve.

- 2 Complete the Request for Establishment of University Organization Code Sections I-VI as well as the Master Signature List Memo and forward through your Dean/Director, and Vice President and then to the University Budget Office.
The University Budget Office and the Office of Finance will collaborate to establish the new budget unit and inform you of the new five character alpha/numeric code and title to be used in completing your budget request.

- 3 Prepare a Budget Worksheet. The subaccount codes and descriptions are available at: <http://www.odu.edu/webroot/orgs/AF/FIN/Budget.nsf/pages/banner>

Please ensure that you reconcile your entries to account for all the funds allocated to you.

Return a completed version of your budget worksheet with your other budget materials.

- 4 If you need assistance in preparing this information, please call the University Budget Office for assistance at 3-3127.

- 5 Note this same process should be utilized throughout the year if new budget units are required to account for new grant/contract funds, gift funds, etc.

- 6 **Note new ledger 5 Grant/Contract Budgets require additional approval of the Vice President for Research and the Office of Finance Grants Accounting**

- 7 Budget Unit Directors means those ODU employees who have been duly designated as the responsible and accountable manager for all budgetary and fiscal matters pertaining to their respective department or budget unit. Research Foundation, Development Foundations, or Consortium professionals may not be delegated the responsibilities associated with the fiduciary responsibilities of an ODU Budget Director.

- 8 If the Budget Unit Director will be a ***new*** Budget Unit Director (no prior ODU Budget Director assignment), please indicate under Section V 2.

- 9 Please remember to include the Master Signature List Request as part of this package. Budget Unit Directors cannot authorize themselves for signature authority.

- 10 Future additions to the Budget Unit Master Signature List can be made via email to Linda Meyers, Finance Data Control Manager at LMeyers@odu.edu

ORG: _____
FUND: _____

REQUEST FOR ESTABLISHMENT OF UNIVERSITY ORGANIZATION CODE

SECTION I: General Information

- 1 Date _____
- 2 Person Making Request _____
- 3 Type of Account(s) needed: _____ Revenue _____ Expenditure
- 4 Classification of Account: _____ Commonwealth E&G
 _____ Local E&G _____ Grant _____ Gift
 _____ Auxiliary _____ Other (Explain) _____

SECTION II: Revenue Account Information

- 1 What is the source of the revenue to be deposited? (From where and whom)

- 2 What will be the frequency of the receipt and deposit of the revenue?

- 3 Is the expenditure of this revenue restricted to certain purpose by the donor? _____ If yes, explain the restrictions.

SECTION III: Expenditure Account Information

- 1 Describe the purpose of this budget (**attach supporting correspondence**)

- 2 Are there any restrictions placed on the expenditures by the Donor, or any person? _____ If yes, explain by whom and what the restrictions are:

- 3 Describe the source of the funds to be used to support your budget request.

- 4 If this account is a grant, please answer the following;
 a) Does this grant provide overhead? _____
 If yes, (1) Rate _____ (2) Method _____
- b) Does this grant require matching funds? _____
 If yes, (1) Rate _____ (2) Organization _____
 (3) Method _____ (4) Max. Amount _____

SECTION VII: Accounting System Information

(FOR OFFICES OF BUDGET/FINANCE USE ONLY)

ORGANIZATION INFO FISCAL YEAR(S)
FTMORGN _____

ORGANIZATION TABLE SCREEN

TITLE • _____

Effective Date	Termination Date	ORGANIZATION STRUCTURE					
		Level 1	Level 2	Level 3	Level 4	Level 5	Level 6

• • • • • • • _____

FINANCIAL MANAGERS TITLE	DEFAULT CODES		
• _____	FUND	PROGRAM	Predecessor Org

FINANCIAL MANAGER #
• _____

	*** CARS Information*** - FTMSDAT
PROJECT	COST
• _____	• _____

FUND/GRANT INFO **FISCAL YEAR(S)**
FTMFUND _____

FUND/GRANT TABLE SCREEN

TITLE • _____

Effective Date	Termination Date	Fund Group	Fund Sub-Group	Fund Grant	Org	Defaults Fund Prog	Type
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• • • • • • • _____

	Fund/Grant Manager's Org	Title	SFOE CODE	BANK NO	ACTIVITY NO
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• • • • • _____

	MATCHING FUNDS			REIMBURSABLE OVERHEAD			
Org	Acct	Rate	Max Amount	Org	Acct	Method	Rate

• • • • • • • _____

ATTRIBUTE CODING TYPE	CARS INFO -FTMSDAT AGENCY
VALUE	FUND

• • • • • _____

DATA CONTROL

Date Established _____

Department Notified _____

Master Signature Request Form Received _____

Keyed: _____ (Initials)

OLD DOMINION UNIVERSITY

MEMORANDUM

Page 1 of _____

Date: _____

To: Linda Meyers, Data Control Manager

From: _____
Name

_____ Title

_____ Signature

_____ **Org. Code:**

Subject: **Master Signature List Request Form**

Please add the following names to the Master Signature List for the Organization Code.

NOTE: Signature authority will only be granted to Old Dominion University employees.

	PRINTED NAME	SIGNATURE
1	Name _____	_____
	Title _____ UIN# _____	_____
	Location _____ Phone # 3- _____	
2	Name _____	_____
	Title _____ UIN# _____	_____
	Location _____ Phone # 3- _____	
3	Name _____	_____
	Title _____ UIN# _____	_____
	Location _____ Phone # 3- _____	
4	Name _____	_____
	Title _____ UIN# _____	_____
	Location _____ Phone # 3- _____	

PRINTED NAME

SIGNATURE

5	Name	_____		_____
	Title	_____	UIN#	_____
	Location	_____	Phone #	3- _____
6	Name	_____		_____
	Title	_____	UIN#	_____
	Location	_____	Phone #	3- _____
7	Name	_____		_____
	Title	_____	UIN#	_____
	Location	_____	Phone #	3- _____
8	Name	_____		_____
	Title	_____	UIN#	_____
	Location	_____	Phone #	3- _____
9	Name	_____		_____
	Title	_____	UIN#	_____
	Location	_____	Phone #	3- _____
10	Name	_____		_____
	Title	_____	UIN#	_____
	Location	_____	Phone #	3- _____