

OLD DOMINION UNIVERSITY

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

OLD DOMINION UNIVERSITY

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 _____

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SECTION IV: Budget Information

- 1 Will this Org be effective for more than the current fiscal year?
_____ Yes _____ No

- 2 (a) If yes, attach a Budget Adjustment Form listing the revenue and expenditure accounts by sub-account code.

(b) If no, attach a Budget Adjustment Form listing the revenue to be collected and the personal service expenditures by sub-account code. List the non-personal service expenditures by pool accounts.

SECTION V: General Information

- 1 Suggested Account Title (35 characters max)

- 2 Budget Unit Director of Account (per University Policy ODU employees only):

Name/Title _____
Org/Dept _____
Location _____
Telephone # _____

New Budget Unit Director Yes _____ No _____

- 3 The attached Master Signature List Request Form was completed and sent to the Finance Department Data Control Manager (Date _____), to be used to add the new Organization Code to the University Master Signature List.

- 4 Signature of Requestor _____

SECTION VI: Approval

Approval must be made in the order designated below. If the request is disapproved at any level, the form is to be returned to the preparer noting the reason for disapproval. Upon final approval, Finance Data Control will notify the originator of the org code number(s) to be used.

- 1

<u>Action</u>	<u>Signatures</u>	<u>Date</u>
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Establishment of Ledger 5 Grant/Contract Budgets require Approval of VP for Research and the Office of Finance Grants Accounting

Vice President for Research _____
Approval for Grant to be managed by Old Dominion University

Finance Grants Accounting _____

Dean/Director _____

Vice President (Designee) _____

Associate Budget Officer _____

University Controller _____

Data Control Manager _____

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SECTION VII: Accounting System Information

(FOR OFFICES OF BUDGET/FINANCE USE ONLY)

ORGANIZATION INFO

FISCAL YEAR(S)

FTMORGN _____

ORGANIZATION TABLE SCREEN

TITLE • _____

Effective Termination
Date Date

ORGANIZATION STRUCTURE

Level 1 Level 2 Level 3 Level 4 Level 5 Level 6

• _____

FINANCIAL

DEFAULT CODES

MANAGERS TITLE

FUND

PROGRAM

Predecessor Org

• _____

• _____

• _____

• _____

FINANCIAL MANAGER #

• _____

*** CARS Information*** - FTMSDAT

PROJECT

COST

• _____

• _____

FUND/GRANT INFO

FISCAL YEAR(S)

FTMFUND _____

FUND/GRANT TABLE SCREEN

TITLE • _____

Effective Termination
Date Date

Fund Group

Fund Sub-Group

Fund Grant

Org

Defaults Fund
Prog

Type

• _____

Fund/Grant Manager's
Org Title

SFOE
CODE

BANK
NO

ACTIVITY
NO

• _____

• _____

• _____

• _____

Org MATCHING FUNDS
Acct Rate Max Amount

REIMBURSABLE OVERHEAD
Org Acct Method Rate

• _____

• _____

ATTRIBUTE CODING

CARS INFO -FTMSDAT

TYPE VALUE

AGENCY FUND

• _____

• _____

DATA CONTROL

Date Established _____

Department Notified _____

Master Signature Request Form Received _____

Keyed: _____ (Initials)

OLD DOMINION UNIVERSITY

MEMORANDUM

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- _____