



# Request to Establish a Designated Department

Please return to the Budget Office (fax: 4-9622, [budget@admin.fsu.edu](mailto:budget@admin.fsu.edu), or MC: 1360)

The proposed activity must 1) clearly support the University's mission of instruction, research, and public service 2) be ongoing 3) administer revenues exceeding \$10,000 annually (student fee revenue is excluded)

BUDGET OFFICE

In addition to this form, please attach the **Establish a New Department ID Form** and documentation to show approval of the fee, if applicable (e.g., Board of Trustees agenda or Provost memo)

Department ID \_\_\_\_\_ Department Description

Purpose/Mission

Estimate revenue and expense for the initial fiscal year and the next two fiscal years

	Year 1	Year 2	Year 3
Balance Forward	\$0		
Revenue	<input type="text"/>	<input type="text"/>	<input type="text"/>
Transfer In	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cash Available			
Salary	<input type="text"/>	<input type="text"/>	<input type="text"/>
OPS	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expense	<input type="text"/>	<input type="text"/>	<input type="text"/>
OCO	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Operating Expenditures			
Transfer Out	<input type="text"/>	<input type="text"/>	<input type="text"/>
Ending Cash Balance			
Cash as a % of Expenditures			

Identify the entities to which you will provide sales or services, and the projected percentage of revenue for each

Type of User	Customers	Projected Sales	Percentage of Total
Internal	Your own department	<input type="text"/>	
	C&G within your department	<input type="text"/>	
	Other FSU departments	<input type="text"/>	
	C&G from other FSU departments	<input type="text"/>	
External	Students	<input type="text"/>	
	Other State agencies	<input type="text"/>	
	Other outside customers	<input type="text"/>	
Total Revenue			100%

Contact Person  Phone  Date

DDHC  Approval Signature  Date

Budget Office Use Only			
Processed By _____	Fund ID _____	Classification _____	OHA _____