

Request for University of Oregon Service Center Addition/Change

Send completed form to Budget and Resource Planning

Request for Service Center

Addition ____ Deletion ____ Change (Name) ____

Service Center Addition

Type of Service Center – Designated Operations ____ Service Center ____ Specialized Service Center ____

New Unit ____ Name of new unit _____

Name of RU _____ RU Level 3 _____

Requested Service Center Name (35 characters or less) _____

Guarantee Fund (RU FOPAL) _____

Organization Code _____ Organization Name _____

Program Code 99101 – Service Dept Program 1 – cannot change

Activity Code _____

Description, Purpose of Service Center and Customer Base

Service Center Effective Date _____

Responsible Service Center Manager _____

Responsible Service Center Financial Manager _____

Service Center Deletion

Service Center Name _____ Fund ____ Org ____ Program ____ Activity ____

Index ____ Index Name _____

Reason _____

Effective Date _____

Changes (Name)

Current service center name _____ New Name _____

Reason _____

Effective date _____

Signatures

Requester (print name)

Contact person

Phone Extension

Email Address

Approved Department Head

Approved (Dean/Director)

Approved Vice President

University of Oregon Budget and Resource Planning Use Only

FOAPAL _____ RU Level 3 _____ Level 5 _____

Approved Structure _____

Sent onto Fee Review Process _____ Date _____