

FLORIDA INTERNATIONAL UNIVERSITY

New Department ID Request Form

E&G, Auxiliaries, Local Funds, and Agencies

Please complete all fields and send to the Office of Financial Planning at PC 545

All questions on completing this form should be forwarded to Hamza Lazrak at 305-348-1128 Fax 305-348-2990

Once approved, the Requester will be contacted with the new Dept. ID

DEPARTMENT USE ONLY:

Date:	
New Department Title:	
Requester's Name:	
Contact Phone Number:	305-348- _____ Fax # 305-348- _____
Email Address:	@fiu.edu

Purpose of New Dept ID (Including funding sources. Please be as specific as possible):

FOR AUXILIARY REQUESTS ONLY:

Guarantee Dept ID (REQUIRED)	_____	Title: _____
Guarantee Dept ID (2nd Acct. Optional)	_____	Title: _____
Guarantee Dept ID Authorized Leader: (REQUIRED)	_____	Dean Signature in file
	Print Name	Title Signature

NOTE: The guarantee Dept ID must be an Auxiliary, and must be approved for use by the respective Dean, Executive Area Budget Manager and/or Vice President and cannot be the same individual listed as authorized leader. These Dept ID's will be used to cover any deficits incurred in the new account that cannot be covered by operational cash flow at fiscal year-end. Any deficits remaining in the dept if closed will also be covered by the guarantee Dept ID listed.

Please complete Attachment 5, "Auxiliary Financial Projections" for the new DeptID **(REQUIRED)**.

OFFICE OF FINANCIAL SYSTEMS & REPORTING:

Fund:	
Org. DeptID:	
Site:	
Program Code:	
Department ID:	
CIP Code	
Approved by:	Hamza Lazrak

AUXILIARY/LOCAL FUND FINANCIAL PROJECTIONS

Florida International University

Department ID:	Estimated Current	Estimated Future	Estimated Future
	Fiscal Year	Fiscal Year	Fiscal year
Beginning Fund Balance	\$0	\$0	\$0
REVENUES:			
Fees	\$0	\$0	\$0
Sales of Goods & Services Non-State	\$0	\$0	\$0
Sales of Goods & Services State	\$0	\$0	\$0
Penalties - Fines - Miscell. Revenues	\$0	\$0	\$0
Investment Earnings	\$0	\$0	\$0
Miscell. Revenues Non-Auxiliary	\$0	\$0	\$0
Rental Income Non-State	\$0	\$0	\$0
Rental Income State	\$0	\$0	\$0
Interest on Loans Receivable	\$0	\$0	\$0
Operating Revenues	\$0	\$0	\$0
Transfer-In	\$0	\$0	\$0
Total Cash Available	\$0	\$0	\$0
EXPENDITURES:			
Permanent Salaries and Benefits	\$0	\$0	\$0
OPS Payroll	\$0	\$0	\$0
Expense	\$0	\$0	\$0
<i>Transfers out- Overhead (Auto-Calc)</i>	\$0	\$0	\$0
OCO	\$0	\$0	\$0
Debt/Service	\$0	\$0	\$0
Operating Expenditures	\$0	\$0	\$0
Transfers-Out	\$0	\$0	\$0
Total Cash Outflows	\$0	\$0	\$0
Ending Fund Balance	\$0	\$0	\$0

Questions on how to complete this form should be addressed to Hamza Lazrak 7-1128
 Questions can also be addressed in person by visiting PC545

ADDITIONAL COMMENTS:

TRANSFERS-IN (Specify Source(s)):

TRANSFERS-OUT (Specify to Where):