



**COST CENTRE REQUISITION FORM
Funds 200, 300 and 700**

Date Stamp

Instructions:

Forward form to Office of Budgets & Asset Management (budgets@yorku.ca)

*Approvals required before request can be set-up in the system:

- All requisitions require approval from a VP, AVP, Dean, or EO from the respective Faculty/Division
- An additional approval from VP Academic is required for Special Academic Projects in fund 200
- Funds 700 require complete supporting documentations that include the contract and budget. The temporary time period should also be completed.
- To request access to eReports send your request to askit@yorku.ca

**Faculty/Division requiring clarification on the HST recovery rate should contact the Comptroller's Office prior to submitting this form for processing.

REQUESTOR DETAILS

Requestor's Name	Faculty/Division	Date	Phone Number
Requestor's Email	Effective Date of Cost Centre	Cost Centre Number	Tree Node (for eReports roll-up)
Cost Centre Owner (Surname, First Name)		Cost Centre Owner's Email	

CHARTFIELD ADDITIONS/CHANGES

SPECIFY FUND	Fund 200	Fund 300	Fund 700 <small>Include Contract #</small>
SPECIFY CHANGE	New	Revision	Reactivation Inactivation: Specify cost centre to allocate remaining balance (if any) _____
COST CENTRE STATUS	Permanent	Temporary, time period from _____ to _____	
SPECIAL ACADEMIC PROJECT	Yes	No	(*Yes requires approval from VP Academic)
FACULTY / DIVISION RESPONSIBLE FOR DEFICIT?			
SOURCE OF FUNDS			
DESCRIPTION (SHORT)			
DESCRIPTION (LONG) <small>(Providing a more detailed explanation about this cost centre can ensure a better understanding about its nature/purpose)</small>			

SIGNING AUTHORITY

Name(Surname, First Name)		Primary	Delegate	Add	Remove	Sm@rt Buy	Director or EO:
1							
2							
3							AVP or Dean:
4							
5							VP Designate
6							

SOURCE OF REVENUE FUNDING

<input type="checkbox"/> Base Funded	<input type="checkbox"/> OTO Funded
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HST REBATE

HST Recovery Percent**	Department Code
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OFFICE OF BUDGETS & ASSET MANAGEMENT REVIEW AND APPROVAL	APPROVAL REQUIRED (VP, AVP, Dean, or EO)
AVP / Director, Budgets & Asset Management (Signature):	Name (please print):
Date:	Signature:
Processed by:	Title & Unit:
	Date: Tel: