

Date Stamp

INSTRUCTIONS:

- Forward completed form to Financial Reporting, Office of the Comptroller (finrept@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 Purpose Projects in Fund 100 for projects over \$500,000
 - Fund 100 requires 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 Financial Reporting prior to submitting this form for processing.

REQUESTOR DETAILS

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

CHARTFIELD ADDITIONS/CHANGES

SPECIFY CHANGE	New	Revision	Reactivation	Inactivation: Specify cost centre to allocate remaining balance (if any) _____
COST CENTRE STATUS	Permanent	Temporary, time period from _____ (mm/dd/yyyy) to _____ (mm/dd/yyyy)		
IS THE PROJECT RESEARCH RELATED?	Yes*	No	(*If yes, please explain why project is not set up in Fund 500)	
FACULTY / DIVISION RESPONSIBLE FOR DEFICIT?				
SOURCE OF FUNDS				
DESCRIPTION (SHORT)				
DESCRIPTION (LONG) <i>(Providing a more detailed explanation about this cost centre can ensure a better understanding about its nature/purpose)</i>				

SIGNING AUTHORITY

	Name (Surname, First Name)	Primary	Delegate	Add	Remove	Sm@rtBuy
1						
2						
3						
4						
5						
6						

Director or EO:

AVP or Dean:

VP Designate

SOURCE OF REVENUE FUNDING

Full ECR Funding	Partial ECR Funding	% ECR Funded
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HST REBATE

HST Recovery Percent**	%	Department Code
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APPROVALS

FINANCIAL REPORTING REVIEW AND APPROVAL				APPROVAL REQUIRED (VP, AVP, Dean, or EO)			
Manager, Financial Reporting (Signature):				Signature:			
Processed by:		Date: (mm/dd/yyyy)		Name:			
				Title & Unit:			
				Date (mm/dd/yyyy):		Tel:	