KEAN
Office of Budget

REQUEST FOR NEW COST CENTER

Today's date: _____

Requester's Name: _____

Requester's Title: _____

Requester's Telephone: _____

Requester's Email: _____

New Cost Center Name: _____

College or Division: _____

School or Department: _____

Purpose / Reason for request: _____

_____

_____

_____

_____

Source of Funds: _____

Approved:

Dean or Director _____ Date _____

VP or Provost _____ Date _____

Budget Office _____ Date _____