

Request for Index Creation

Please complete Part I and submit to Box 30, 175 Grace Dodge Hall. You will receive a letter of confirmation once the index has been established.

PART I: To be completed by Requester

Date: _____ Endowed Gift Grant Other

Requested by: _____ Extension: _____

Index Title: _____
(Only 35 Characters)

Index Purpose: _____

Detailed Code? Yes No Tuition & Fees (acct 7813) Stipend (acct 7821)

Budget Source (how will project be funded): _____

Responsible Person:* _____

Budget Administrator:** _____

Academic Initiative? Yes No Department: _____

Program/Area: _____

Signature of Responsible Person _____ Date _____

* Responsible Person is defined as individual financially responsible for Index.
** Budget Administrator is the person designated by the Responsible Person and is responsible for monitoring the Index. In the event a Budget Administrator is not indicated, Department Associate will be assigned.

PART II: Unimarket Routing Approval Chain

Requester*: _____
**Must be index Responsible Person or Budget Administrator*

Routing Chain Appointment Level:
Dollar Amount Threshold Person / Group (Person A, Person B **OR** Person C may approve to next level)

\$0 - \$3,000
Reviewer _____
Reviews all requests between \$0 and \$3k before endorsing request to \$3k approver.

Approver _____
Approves all requests up to \$3k before endorsing request to \$25k threshold approver.

\$3,000.01 - \$25,000
Approver _____
Reviews & approves all requests between \$3,000.01 to \$25k..

PART III: To be filled out by Controller's/Budget & Planning Office

New Index: _____ Modeling Index: _____ Type: Restricted Unrestricted

Assigned: Fund: _____ Org: _____ Program: _____

Authorized: _____ Date: _____