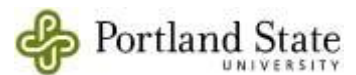


FIS Chart of Accounts Code Request



FORM MUST BE COMPLETED ELECTRONICALLY. HANDWRITTEN FORMS WILL NOT BE ACCEPTED. Do Not Use for Research Grants/Contracts

Request Date: _____

Requestor's Name: _____

Requestor's Email: _____

Requestor's Ext: _____

Code(s) Assigned: _____

Code(s) Terminated/Changed: _____

(CAS USE ONLY)

Type of Request:

New Change Termination Signature Change only Effective Date: _____

Fund Organization Activity Index Account Code(s): _____

Title: _____ Predecessor Code (required if new org/fund): _____

Index Requested: Fund: _____ Organization: _____ Program: _____ Activity: _____

Reason: Briefly explain need for new code. If requesting a new fund or organization, include projected budget for anticipated expenses and revenues. Attach separate page if necessary.

Note: Some Funds will incur automatic administrative charges on expenditures:

-Self-Support 016xxx/CE 050000-054999/Designated Operations 055xxx-058499

-Some Auxiliary Funds- Auxiliary rate depends on funding source

(For current rates you may contact the Budget Office or University Financial Services)

(For PSU policy - [504.0 Administrative Services Overhead Charge for Indirect Cost Allocation](#))

Will Payroll be recorded in this FOAPAL? ☐ Yes ☐ No

If a deficit occurs, which FOAPAL will be responsible? _____ - _____ - _____ - _____ - _____
Index Fund Organization Program Activity

FUND AND/OR ORGANIZATION: INDIVIDUALS AUTHORIZED TO APPROVE EXPENDITURES*

*note: Online FIS approvers must have requested system access on the FIS & HRIS Access request Form.

Name	Title	FIS System Approval	Non-FIS System	
			Payroll	Other
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Department Head (all codes): _____ Date: _____

Dean's Office Approval (fund, org.): _____ Date: _____

Budget Office Approval (fund, org): _____ Date: _____

PSU Controller Approval (fund, org): _____ Date: _____

Campus Accounting Services Approval (all codes): _____ Date: _____

Please send completed/signed form to Chart Set Up Team – chartset@pdx.edu.

Original documents should be retained by Department for Internal support purposes.