



# KEAN

Office of Budget

## REQUEST FOR NEW COST CENTER

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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 \_\_\_\_\_