

**Instructions for Establishing a New Organizational/Budget Unit
Operating Budget Process**

- 1 This packet contains information needed to establish an organizational code during the budget process and/or as financial management requirements evolve.
- 2 Complete the Request for Establishment of University Organization Code Sections I-VI as well as the Master Signature List Memo and forward through your Dean/Director, and Vice President and then to the University Budget Office.
The University Budget Office and the Office of Finance will collaborate to establish the new budget unit and inform you of the new five character alpha/numeric code and title to be used in completing your budget request.
- 3 Prepare a Budget Worksheet. The subaccount codes and descriptions are available at: <http://www.odu.edu/webroot/orgs/AF/FIN/Budget.nsf/pages/banner>

Please ensure that you reconcile your entries to account for all the funds allocated to you.

Return a completed version of your budget worksheet with your other budget materials.
- 4 If you need assistance in preparing this information, please call the University Budget Office for assistance at 3-3127.
- 5 Note this same process should be utilized throughout the year if new budget units are required to account for new grant/contract funds, gift funds, etc.
- 6 **Note new ledger 5 Grant/Contract Budgets require additional approval of the Vice President for Research and the Office of Finance Grants Accounting**
- 7 Budget Unit Directors means those ODU employees who have been duly designated as the responsible and accountable manager for all budgetary and fiscal matters pertaining to their respective department or budget unit. Research Foundation, Development Foundations, or Consortium professionals may not be delegated the responsibilities associated with the fiduciary responsibilities of an ODU Budget Director.
- 8 If the Budget Unit Director will be a ***new*** Budget Unit Director (no prior ODU Budget Director assignment), please indicate under Section V 2.
- 9 Please remember to include the Master Signature List Request as part of this package. Budget Unit Directors cannot authorize themselves for signature authority.
- 10 Future additions to the Budget Unit Master Signature List can be made via email to Linda Meyers, Finance Systems Manager, at LMeyers@odu.edu

OLD DOMINION UNIVERSITY

ORG: _____
FUND: _____

REQUEST FOR ESTABLISHMENT OF UNIVERSITY ORGANIZATION CODE

SECTION I: General Information

- 1 Date _____
- 2 Person Making Request _____
- 3 Type of Account(s) needed: _____ Revenue _____ Expenditure
- 4 Classification of Account: _____ Commonwealth E&G
_____ Local E&G _____ Grant _____ Gift
_____ Auxiliary _____ Other (Explain) _____

SECTION II: Revenue Account Information

- 1 What is the source of the revenue to be deposited? (From where and whom)

- 2 What will be the frequency of the receipt and deposit of the revenue?

- 3 Is the expenditure of this revenue restricted to certain purpose by the donor? _____ If yes, explain the restrictions.

SECTION III: Expenditure Account Information

- 1 Describe the purpose of this budget (**attach supporting correspondence**)

- 2 Are there any restrictions placed on the expenditures by the Donor, or any person? _____ If yes, explain by whom and what the restrictions are:

- 3 Describe the source of the funds to be used to support your budget request.

- 4 If this account is a grant, please answer the following;
a) Does this grant provide overhead?
If yes, (1) Rate _____ (2) Method _____

b) Does this grant require matching funds? _____
If yes, (1) Rate _____ (2) Organization _____
(3) Method _____ (4) Max. Amount _____

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SECTION IV: Budget Information

- 1 Will this Org be effective for more than the current fiscal year?
 _____ Yes _____ No

- 2 (a) If yes, attach a Budget Adjustment Form listing the revenue and expenditure accounts by sub-account code.

- (b) If no, attach a Budget Adjustment Form listing the revenue to be collected and the personal service expenditures by sub-account code. List the non-personal service expenditures by pool accounts.

SECTION V: General Information

- 1 Suggested Account Title (35 characters max)

- 2 Budget Unit Director of Account (per University Policy ODU employees only):
 Name/Title _____
 UIN# _____
 Org/Dept _____
 Location _____
 Telephone # _____

 New Budget Unit Director Yes _____ No _____

- 3 The attached Master Signature List Request Form was completed and sent to the Finance Systems Manager to be used to add the new Organization Code to the University Master Signature List effective date _____

- 4 Signature of Requestor _____

SECTION VI: Approval

Approval must be made in the order designated below. If the request is disapproved at any level, the form is to be returned to the preparer noting the reason for disapproval. Upon final approval Finance Data will notify the originator of the org code number(s) to be used.

1	<u>Action</u>	<u>Signatures</u>	<u>Date</u>
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Establishment of Ledger 5 Grant/Contract Budgets require Approval of VP for Research and the Office of Finance Grants Accounting

Approval for Grant to be managed by Old Dominion University

Vice President for Research	_____	_____	_____
(For General Accounting Use Only:	University	_____	Research Foundation _____
Finance Grants Accounting	_____	_____	_____
Dean/Director	_____	_____	_____
Vice President (Designee)	_____	_____	_____
University / Assoc. Budget Officer	_____	_____	_____
University Controller	_____	_____	_____
Assoc. Controller	_____	_____	_____
Finance Systems Manager	_____	_____	_____

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SECTION VII: Accounting System Information

(FOR OFFICES OF BUDGET/FINANCE USE ONLY)

ORGANIZATION INFO FISCAL YEAR(S)
FTMORGN _____

ORGANIZATION TABLE SCREEN

TITLE • _____

Effective Date	Termination Date	ORGANIZATION STRUCTURE					
		Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
•	•	•	•	•	•	•	•

FINANCIAL MANAGERS TITLE	DEFAULT CODES		
•	FUND	PROGRAM	Predecessor Org
•	•	•	•

FINANCIAL MANAGER #
• _____

PROJECT *** CARS Information*** - FTMSDAT
COST
 • _____

FUND/GRANT INFO **FISCAL YEAR(S)**
FTMFUND _____

FUND/GRANT TABLE SCREEN

TITLE • _____

Effective Date	Termination Date	Fund Group	Fund Sub-Group	Fund Grant	Org	Defaults Prog	Fund Type
•	•	•	•	•	•	•	•

Fund/Grant Manager's Org	Title	SFOE CODE	BANK NO	ACTIVITY NO
•	•	•	•	•

Org	MATCHING FUNDS Acct	Rate	Max Amount	REIMBURSABLE OVERHEAD Org	Acct	Method	Rate
•	•	•	•	•	•	•	•

ATTRIBUTE CODING TYPE	VALUE	CARS INFO -FTMSDAT AGENCY	FUND
•	•	•	•

DATA CONTROL

Date Established _____
 Department Notified _____
 Master Signature Request Form Received _____
 Keyed: _____ (Initials)