

Completed form should be sent to the Stratus Financials Team at stratusfinancialsteam@towson.edu

Program Name / Title:

Date:

Name of Requestor:

Requesting Department:

Email:

Financial Steward:

CostCenter Manager:

Purpose of the Program (attach any applicable information):

Who is your customer base?

Will this program be permanent? (. < 8

If not, indicate estimated time period:

Individual Responsible for the Program:

Division / Subdivision:

BUSINESS / FINANCIAL PLAN INFORMATION

Revenue / Source

Indicate all sources of revenue:

How will revenue be collected? Cash Checks Credit Cards

Will you be billing? Yes No

Should a newSOURCE be created for this program?Yes No \$ < . A 2 < = 2 7 0 " 8 > ; , . 9

Expenses

Indicate anticipated general expenses:



Payroll

Will the department have payroll?

Yes

No

Regular

Contractual

Student Help

Separation of Duties

Indicate the name and position of the staff that will be responsible for

Billing:

Collecting, preparing & depositing revenue:

Reconciling / monitoring the account:

Expense

Object 01 Salaries & Benefits

Ex: Regular Overtime

501605

Account Name:	Account Number:	
Account Name:	Account Number:	
Account Name:	Account Number:	

FINANCIAL SYSTEMS PURPOSES ONLY

Cost Center Value (Manage COA Value Set Values)

Alias