

**THE UNIVERSITY OF OKLAHOMA**  
**NORMAN CAMPUS**  
**APPLICATION FOR NEW DEPARTMENT NUMBER**  
**OR CHANGE TO EXISTING DEPARTMENT NUMBER**

PAGE 1 OF 2

Prepared By \_\_\_\_\_

Phone Number \_\_\_\_\_

**FOR USE BY FINANCIAL SERVICES**

Department Number Assigned \_\_\_\_\_

Date Entered \_\_\_\_\_

Initials \_\_\_\_\_

**Check One:**

- |     |  |  |
|-----|--|--|
| (1) | Application for a New Department Number                | If checked, complete items (2) through (7)   |
|     | Inactivate an Existing Department Number               | If checked, sponsor signature required in (6). Please indicate department number assigned above.     |
|     | Change in Existing Department Name                     | If checked, complete items (2) and (6). Please indicate department number assigned above.            |
|     | Change in Existing Department Purpose                  | If checked, complete items (3), (5), (6), and (7). Please indicate department number assigned above. |
|     | Change in Reporting Levels for Existing Department     | If checked, complete items (4), (6), and (7). Please indicate department number assigned above.      |
|     | Change in Sponsor or Co-Sponsor of Existing Department | If checked, complete Page 2 only.  |

(2) Proposed Name of Department \_\_\_\_\_

(3) Purpose of Department (be specific): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(4) Reporting Levels for this Department:

Vice President _____	Sponsor Name _____
Dean/Director _____	Parent Department _____

(5) Will deposits be made?    YES                      NO

If yes, what is the source? \_\_\_\_\_

**For use by Financial Services**

Fund \_\_\_\_\_  
Project \_\_\_\_\_  
SpeedType \_\_\_\_\_

State Agency \_\_\_\_\_  
State Bank Account \_\_\_\_\_  
Base Function \_\_\_\_\_

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Dept number assigned by Financial Services:

Check Here if Change in Sponsorship Only

Proposed Name of Department (same as page 1)

**(6) Sponsor and Co-Sponsor Signatures**

*As Sponsor of this department, I will be responsible for authorization of expenditures and regular review and reconciliation of account records prepared by Financial Services, and for reimbursement of all unauthorized overdrafts. I also understand that I am responsible for providing information for tax reporting and/or reporting information directly to tax authorities for sales tax, unrelated business income tax, and other taxes as required by State and Federal law. Questions regarding tax reporting should be directed to Financial Services.*

Signature of Sponsor (must be a full-time faculty or staff member)

Title of Sponsor

EMPLID of Sponsor

Date

Signature of Co-Sponsor

Title of Co-Sponsor

EMPLID of Co-Sponsor

Date

Signature of Co-Sponsor

Title of Co-Sponsor

EMPLID of Co-Sponsor

Date

Signature of Co-Sponsor

Title of Co-Sponsor

EMPLID of Co-Sponsor

Date

Signature of Co-Sponsor

Title of Co-Sponsor

EMPLID of Co-Sponsor

Date

**If additional co-sponsors are needed, attach another form.**

**(7) Recommendation for approval by appropriate Vice President, Director, or Dean**

Signature

Title

Date

**Notes:**

For new department numbers, items (1) through (7) must be completed fully before submission to Financial Services. Incomplete data on any line will result in the return of the form for more information.

The purpose listed in item 3 must be detailed and specific. Details should include the purpose of the organization, what types of expenditures will be made from the department, and general categories. Additional information should be provided as necessary to fully explain the purpose of the department number request.

It is recommended that at least one co-sponsor be designated so that approvals may be made during the absence of the sponsor.