## UNIVERSITY OF NORTH TEXAS - BUDGET OFFICE

## **CHARTFIELD SETUP/CHANGE FORM**

	Remit via email	to budget.office@unt.ed	u. Questions? Call 940	0.565.3233.		
I. Preparer Information						
Name:				Request Date:		
Email:		Org Dept Value:	Org Dept Name:		Phone:	
II. Request Information						
Request Type:	Add O	Chartfield Type:	Org Dept <sup>1</sup>	Program	Project <sup>1,2</sup>	
	Modify O	(Only one field should	Fund Cat O	Purpose 🔾	Account O	
In	Chartfield Value	be checked.)	Fund <sup>3</sup>	Site O		
1111	Chartfield Value		Fund O	Site O		
Name of New Field (30 of Reason for Request:  Explain why the setup/change	naracter limit including spaces. E	exception: gift funds = 20 cha	aracter limit): -			
III. If requesting a NEW	Fund:					
Source of Funds:	Appropriated Funds Other (explanation requ	Fees Gift Gift I	Sales		ndation Acct #:  uired for Gifts Processed by the Foundation.	
then other documentati	ed copy of the donor's MO on from the donor must b of for 1. all endowed gifts (rega	e provided. Gift funds o	cannot be setup wit	hout the required su	pport.	
over a period of 5 years.  For non-endowed gifts totaling less — than \$5K over 5 years:	<ul> <li>Use 303-349000 Schol/Rest-Departmental to record scholarship gifts</li> <li>Use 303-300001 DepOp/Rest-Dept Discretionary to record non-scholarship gifts</li> <li>Optional: use purpose values 18022 Gift A through 18047 Gift Z to track individual gifts</li> </ul>					
IV. If requesting a NEW	Project ID:					
holder. Once the faculty meml holder.	nber has not begun with UNT (i.e per's ePar has been processed, pi or grant setups (i.e. projects that	lease email the Budget Office	e to request a holder cha	·		
Faculty Name for whom the p	roject ID is being created	Job Position #	_	Temporary Proj ID Ho	older (if applicable)	
Faculty EID (8 digits)		Base Dept ID (6 digits)	_	Temporary Proj ID Ho	older EID (8 digits)	
V. If requesting a NEW (	Org Dept ID:					
Dept ID Holder	De	ept ID Holder EID (8 digits)		Dept Rollup (6 chara	acters)	
•	ry approver option is availabl		r VP Area.)	, p. (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-		
Area Budget Officer		Date Optional:	Secondary Approve	r Name & Signature	Date	
VII. Comments	der changes, please do not complete (	g form. Email the hudget office a	and CC the old and new holds	er. In the hody of your email.	list the Denartment ID (or Project	

- ID), the name and empl IDs of the old and new holder, and the effective date of the change.
- 2. For Project Inactivations, the project must contain a \$0 balance.
  3. If requesting a Fund modification please include a copy of the original MOU, letter of intent, or Memo as appropriate.