Cost Center Request Form

Drexel University College of Medicine
In the tradition of Woman's Medical College of Pennsylvania and Hahnemann Medical College

General Accounting Office
3201 Arch Street, Suite 400
(215) 895-1429

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Please type or print legibly.

1. Cost Center Information

Suggested Cost Center Title (Max 30 Characters)	Is this Cost Center: ☐ New ☐ Revised
	Name of Department

Cost Center Administrator who will have access to detailed fiscal activity, including salary information, and who has primary responsibility for the control of that activity.

Name	ID#
Campus Building Address	Telephone and fax number

2. Justification & Funding

Description and Justification of Cost Center. Attach any pertinent documentation.

Source(s) of Cost Center Funding

3. Authorized Individuals

Individual(s) Authorized to Approve Transactions Within this Cost Center

Print Name and ID Number	Signature	Signature Authority Type-Level # * 1 ☐ 2 ☐ 3 ☐
Print Name and ID Number	Signature	Signature Authority Type-Level # * 1 ☐ 2 ☐ 3 ☐
Print Name and ID Number	Signature	Signature Authority Type-Level # * 1 ☐ 2 ☐ 3 ☐

4. Approvals

Cost Center Administrator	Signature	Email	Date
Dean/Director	Signature	Email	Date
Vice President	Signature	Email	Date

Submit original form to Gina Ricciardi, 3201 Arch St., Suite 400.
To ensure prompt processing, complete the entire form and obtain all signatures.
*** Refer to Signature Authority Procedures-**
http://www.drexel.edu/depts/compt/signature.htm

5. For Internal Use Only

Fund Number	Org Number	Program	Fund Roll Up	Org Roll Up

Net Asset Class: (Check One)	Approved By	Date
☐ Unrestricted ☐ Temporary ☐ Permanent G S		