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Cost Center number (For Office use)

COST CENTER APPLICATION FORM

Send back to: Financial & Management Systems, Division of Finance email fbs@sun.ac.za
Documentation required **PLEASE ATTACH ALL RELEVANT DOCUMENTATION**

ORGANISATIONAL STRUCTURE (TO BE COMPLETED BY OWNER OF COST CENTER)

OU code

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OU description _____

Departmental or Center/Bureau/Institute cost center?

DEPARTMENT

CBI

COST CENTER INFORMATION (TO BE COMPLETED BY OWNER OF COST CENTER)

Cost center name / Contract name _____

Description of activity _____

Source of income

Internal (US)

External

If source of income is external, please indicate

Local

Foreign

If external, please supply the name of the funding organisation _____

If the income source is external, identify type of income: **bursary, taxable income, sponsorships, courses, donation, sales** _____

If the income source is internal, please supply cost center or name of entity that is funding the cost center

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 of _____

BASIC INFORMATION: OWNER OF COST CENTER/RESPONSIBLE PERSON

Applicant/Researcher initials and surname _____ UTnr

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Email address _____

Financial system login _____ Telnr _____

Signature _____ Date _____

Contract research

YES

NO

Contract Research Contract number

S							
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(as allocated by the Research Development Department)

SU Hope Project

YES

NO

If YES, does it form part of an existing project?

YES

NO

If YES, please supply existing HOPE project cost center number

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Account numbers: Expenditures _____
Expenditure (continue) _____

Account numbers: Income _____

Account numbers: Other _____

BASIC INFORMATION: FINANCIAL OFFICIAL OR CONTACT PERSON

Initials and surname

UTnr

Email address

Financial system login

Telnr

Access to the cost center to be given to the following users:

Financial system login		Email address	
Financial system login		Email address	
Financial system login		Email address	
Financial system login		Email address	

BASIC INFORMATION: LINE MANAGER

Initials and surname

Signature

Date

HEMIS program classification (TO BE COMPLETED BY COST CENTER OWNER) (tick appropriate category)

110	Formal Teaching	650	Student Admissions, Records and Examination Administration
120	Community Teaching	660	Administrative Computing Services
130	Preparatory/Remedial Teaching	670	Public Relations/Fund Raising
200	Research	680	Staff Social and Cultural Development
300	Community Service	710	Admin of the Operation and Maintenance of Physical Facilities
410	Library Services	720	Maintenance of Buildings
420	Museum Services	730	Custodial Services
430	Educational Media Services	740	Utilities
440	Academic Computer Services	750	Maintenance of Grounds and Gardens
450	Ancillary Support	760	Non-capitalisable Alterations and Renovations
460	Academic Administration	910	Student Housing Services
470	Course and Curriculum Development	920	Student Food Services (Residential)
480	Academic Personnel Development	930	Staff Housing Services
510	Student Services Administration	940	Other Food Services
520	Social and Cultural Development	950	Other Auxiliary Enterprises
530	Career and Other Guidance	960	Operation and Main of Physical Fac for Auxiliary Enterprises
540	Student Health Services	1010	Medical Care of Patients
610	Executive Management	1030	Administration of Hospitals
620	Financial Administration	1040	Operation and Maintenance of Physical Facilities for Hospitals
630	Financial Aid (Bursary and Loan) Administration	1110	Independent Operations – Institutional
640	General Administration and Logistical Services	1120	Independent Operations – External Agencies
		1130	Operation & Maintenance of Physical Fac for Ind Operations

FOR OFFICE USE (TO BE COMPLETED BY DIVISION OF FINANCE)

Structure

VAT percentage

Interest

Income levy

Accountant UTNR

Consolidation code

VB consolidation code

HEMIS

CESM

Program

Percentage

FOR OFFICE USE (TO BE COMPLETED BY FINANCIAL AND MANAGEMENT SYSTEMS)

Created and approved by

Date