RESET FORM

Northern Michigan University

REQUEST FOR AN ORGANIZATION NUMBER

1. What activity requires the request for a new organization number?_____
   _____
   _____
   _____

2. What is the source of funding? How will the University receive the funds? _____
   _____
   _____
   _____

3. What is the proposed use of any surplus? How long will the organization number be needed?
   _____
   _____
   _____
   _____

4. Financial Manager: _____
   Department: _____
   Organization Number Title: _____
   Requested by: _____ Date: _____

   Approved: _____ Date: _____
   Department Head

   _____ Date: _____
   Dean

5. Organization Number from which any deficit will be funded: _____

(Submit completed form to Controller Office)

CONTROLLER OFFICE USE ONLY

Organization Number: _____

Organization Number Title: _____

Approved by: _____ Date: _____