

Oregon Department of Corrections

Cost Center Request Form

Date of Request		Division / Functional Unit	Program
Requestor Name (Print)		Title	
Type of Request: New Cost Center (complete section A) Close Cost Center (complete section B)			
Purpose:			
Effective Date			
New Cost Center			
A	Program Duration (if applicable)		
	Estimated Annual Revenue (if applicable)		
	Estimated Annual Expenditures		
	Existing Cost Center (if applicable)		
	Suggested Cost Center Title & Number		
Close Cost Center			
B	Cost Center Number to be Closed		
	Replacement cost center (if applicable)		
	<input type="checkbox"/> Permanent closure <input type="checkbox"/> Temporary closure from _____ to _____		
	Indicate cost center cash balance to be transferred to (if applicable)		
Functional Unit Manager Approval			
Printed name	Signature	Date	

Send completed requests to DLCostCenter@doc.oregon.gov

Chief Financial Office Review & Approval			
<i>Internal Use only</i>			
Revenue Generating Programs	<input type="checkbox"/> N/A <input type="checkbox"/> Approved <input type="checkbox"/> Denied		Comments:
	Printed name	Signature	Date
Budget	Fund (Comp):	SCR (BUD):	
	DCR (ORO):	Division*:	
	SCR (ORB):		*Division used for Institutions Only
	Printed name	Signature	Date
Accounting	Cost Center Title (max 30 characters)		
	New Cost Center Number		
	Cost Center to Duplicate Object Accounts from		
	PCA		
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Need more information/modification		Comments:	
Printed name	Signature	Date	
Business Information Systems	Cost Center Setup & Activated	Date:	Initials:
	Completed Cost Center Form sent to: Doc.delegations@doc.state.or.us	Date:	Initials: