

**UNIVERSITY INDEX REQUEST FORM**

The following information is required in order to adequately evaluate the need for a new index and properly classify the index for budget and financial reporting purposes. See separate instruction page for explanation.

Index Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Financial Manager: \_\_\_\_\_ SEKey: \_\_\_\_\_ S#: \_\_\_\_\_

Div/College: \_\_\_\_\_ Department: \_\_\_\_\_

Purpose of Index: \_\_\_\_\_

Type(s) of Transactions: \_\_\_\_\_

Dollar Volume of Transactions : \_\_\_\_\_

Frequency of Transactions: \_\_\_\_\_

Funding Source(s): \_\_\_\_\_

Revenues: \_\_\_\_\_

**Approvals:**

Financial Manager: \_\_\_\_\_ Date: \_\_\_\_\_  
(if form is faxed)

If the new index will generate revenue (i.e. workshop fees, ticket sales, travel reimbursement, etc), the request must be approved by the following:

Dean/Director: \_\_\_\_\_ Date: \_\_\_\_\_

Provost/VP: \_\_\_\_\_ Date: \_\_\_\_\_

This form may be sent directly to blewis@semo.edu from the University email account of the **Financial Manager** making the request. Unsigned forms sent from email accounts other than the Financial Manager or Administrative Superior over the proposed Financial Manager will not be accepted. If preferred, the signed form may be faxed to 651-2738 attention Brenda Lewis.

**For Internal Use Only:**

Index: \_\_\_\_\_ Fund: \_\_\_\_\_ Date Completed: \_\_\_\_\_

Org: \_\_\_\_\_ Pred Org: \_\_\_\_\_ Program: \_\_\_\_\_

Budget Office: \_\_\_\_\_ Controller: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_