



FIN-FRM-002

ChartField Request

This form can be filled out online or by hand. Please note that if this form is filled out online, the content may change depending on the selected options. The form may also print differently than it appears on screen.

Please ensure that all fields are complete before submission. If requesting the creation of a new ChartField, the ChartField value will be determined by the Financial Services office.

This form must be approved by the Department Head, Dean, VP or Designate. Designates should indicate their position. New Department requests must also be approved by the Faculty/Unit Business Officer.

If requesting a new Endowment Fund or Trust Fund, an approved Terms of Reference, developed with assistance from the Office of Advancement must be attached. If requesting a new Trust Fund with grant revenue, a contract/agreement must be submitted with the ChartField request. Submit completed forms to financial.reporting@queensu.ca or deliver through internal mail to Financial Services, L Q JW 6 : U G) On the information, please visit the [Managing Funds](#) page on the Financial Services website.

Action	<input type="checkbox"/> Create	ChartField Type	<input type="checkbox"/> Program	<input type="checkbox"/> Department	Effective Date	_____
(check ONE only)	<input type="checkbox"/> Modify	(check ONE only)	<input type="checkbox"/> Class	<input type="checkbox"/> Fund	Chartfield Value	_____
	<input type="checkbox"/> Deactivate		<input type="checkbox"/> Account	<input type="checkbox"/> Capital Project		(if Modifying / Deactivating)

Description of New ChartField (max 30 characters)	_____	Terms of Reference if required	_____
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Requestor Information

Requestor (must be person responsible if requesting Department or Fund, as indicated above)

Full Name	_____	Email	_____
Position	_____	Phone	_____
Department ChartField (if applicable for abovenoted changes)	_____	Faculty/Department/Administrative Unit	_____

Reason for ChartField Request Note: The field below will automatically expand when filled.

Approval

Approved by

Full Name (please print)	_____	Position	_____
Signature	_____	Date	YYYY/MM/DD

Business Officer Approval Required for New Departments

Full Name (please print)	_____	Date	YYYY/MM/DD
Signature	_____		

