

Budget and Financial Analysis

UMB – New Project ID Request Form
(for State, Auxiliary, DRIF and Revolving Funds)

PROJECT ID (to be assigned by eUMB):	
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School or Campus Unit:		Department Name:	
Project title (30 space limit):			
PCBU:	Fund:	Program:	Department ID:
Detailed purpose of project:			
Describe the source of the funds deposited in the project:			
If requesting revolving funds: can funds be used to supplement State supported programs?			
Yes	No	If yes, explain why the funds should not be in the State supported budget.	
Estimated annual expenditure:		(Deficit Cash Balances are not permitted)	

Project Owner Name (Person with fiscal authority over the project ID):	EMPLID:	Signature:
Title:	Date:	Phone:

Department Head Approval Name:	Signature:
Title:	Date:

Schools only- Dean's Office Approval Name:	Signature:
Title:	Date:

Form must be approved by Dean's or Campus Finance Officer
Submit completed form to: Budget and Financial Analysis, Saratoga Building–13th Floor- Room 02-108, or
Email to: campusbudgetoffice@umaryland.edu

BUDGET AND FINANCE USE ONLY			
Budget and Financial Analysis approval:		Date:	
Entered into eUMB by Financial Services:		Date:	