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| **Request Type** | Choose an item. | **If Request Type is Change or Inactivate, enter existing Cost Center No.** |       |
| **Cost Center Data** |
| Type: | OPERATING |
| Name: |       |
| Description: |       |
| Business Area: |     |
| Appropriated Program: |     |
| Program Activity: |    |
| District/Section/Unit: |      |
| Address: |       |
| City: |       | State: |    | Zip Code: |       |
| Person Responsible: |       |
| Position Responsible: |       |
| Justification for Cost Center: |       |
| **Requested by** |
| Name: |       | Telephone: |       |
| Email: |       | Date: |       |
| **Approved by** |
| Name: |       | Telephone: |       |
| Email: |       | Date: |       |

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| --- | --- | --- | --- |
| Signature: |  |  |  |

 *\*Signature is not required if form is emailed from the authorized approver.*

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| **Return Approved Forms To:** | DOA-LAGOV-ISG@la.govFax: 225-219-6754 |
|  |  |
| **Questions:**  | Call: 225-342-2677 |

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| REQUEST TYPE | **New Cost Center** – Select when adding a **new** Operating Cost Center that does not exist in SAP.**Change Cost Center** – Select when changing an **existing** Operating Cost Center in SAP.**Inactivate Cost Center –** Select when inactivating an **existing** Operating Cost Center inSAP. |
| IF REQUEST TYPE IS CHANGE OR INACTIVATE | Field length (10). Alpha/numeric. Enter the existing Operating Cost Center that needs to be changed or inactivated. |
| COST CENTER TYPE | Defaults to OPERATING. |
| COST CENTER NAME | Field length (20). Alpha/numeric. Enter the Cost Center name. |
| COST CENTER DESCRIPTION | Field length (40). Alpha/numeric. Enter the Cost Center description. |
| BUSINESS AREA  | Field length (3). Numeric. Enter the Business Area. |
| APPROPRIATED PROGRAM | Field length (3). Alpha/numeric. Enter the Appropriated Program number. |
| PROGRAM ACTIVITY | Field length (2). Alpha/numeric. Enter the appropriate Program Activity number. |
| DISTRICT/SECTION/UNIT | Field length (4). Alpha/numeric. Enter the appropriate district, section, or unit designation. |
| ADDRESS/CITY/STATE/ ZIP CODE | Enter the appropriate street address, city, state, and zip code for the requested Cost Center. |
| PERSON RESPONSIBLE | Enter the title of the position that is responsible for the requested Cost Center. |
| POSITION RESPONSIBLE | Field length (8). Enter the numeric position number that is responsible for approval of SRM Shopping Carts for the requested Cost Center. |
| JUSTIFICATION FOR COST CENTER | Enter a brief explanation describing your need for the requested Cost Center. |
| REQUESTED BY | Enter the name, telephone number, and email address of the person preparing this form; enter the date the form is being prepared.  |
| APPROVED BY | Enter the name, telephone number, and email address of the person approving this form; enter the date the form is being approved.  |
| RETURN | Return approver signed forms via email or fax to the ISG. Signature is not required if form is emailed directly from the authorized approver.  |

**OPERATING COST CENTER MASTER RECORD REQUEST INSTRUCTIONS**