Grant & Contract FinMIS Re-mapping Request

Name of Fund: ________________________________

Principal Investigator: ________________________________

Department: ________________________________

Start Date: __________  End Date: __________

Current RESP ORG: __ __ __

Current FinMIS COA number: ________________________________

New Department (if applicable): ________________________________

New Responsible ORG (if applicable): __ __ __

Effective Date of New RESP ORG: ________________________________

New FinMIS COA number: ________________________________

Effective Date of New Mapping: ________________________________

Reason for Re-mapping Request:

_________________________________________________________________
_________________________________________________________________

Principal Investigator ___________________________ Date

Department Chair of Current RESP ORG ___________________________ Date

Dept. BA of Current RESP ORG ___________________________

Department Chair of New RESP ORG ___________________________ Date

Dept.BA of New RESP ORG ___________________________