

Approval of New Cost Centre Code

Project Details

Project Name	_____	
Contract Reference	_____	
Customer Name	_____	
Customer Address	_____	
Start Date	_____	<i>Duration in Months</i>
End Date	_____	[]

Project Management

Project Manager	_____	
Department / Centre	_____	
Research Entity	_____	
Invoice Approver 1	_____	
Invoice Approver 2	_____	

Budget Details

Is this project 100% funded ?	_____	Yes / No
If not, state the matched funding amount:	€ _____	-
Are transfers to project partners required ?	_____	Yes / No
If required, state the amount of transfers:	€ _____	-
Staff Pay Cost	_____	-
Student Scholarships	_____	-
Tuition Fees	_____	-
Materials	_____	-
Travel	_____	-
Contractors (not partners)	_____	-
Equipment	_____	-
Overheads	_____	-
Total CIT Cash Budget	€ _____	-

Approval

Please attach, a copy of contract, agreement, letter of offer or Purchase order with this form to provide evidence of contract and sign below.

Requested by: _____ *Project Manager* _____ *Date*

Approved by: _____ *Head of Department / Centre* _____ *Date*

Office Use Only (P01.6)

Project Code

Project Type
 C - Capital (BU)
 D - Department
 P - Project Grant
 SF - Self Financing
 SS - Student Service

Budget Checking
 A - All Periods
 N - None
 Y - Calendar Year
 S - Academic Year

Project Category
 TL - Teaching & Learning
 RD - Research & Dev.
 SF - Other Self Fin.
 SP - Support Activities

Funding Programme Code

Banner Code (if applicable)

Reporting Category
 ACTBUD - Act v Bud
 NOBUD - No Budget

VAT Status
 E - Exempt
 S - Standard
 Z - Zero

VAT Reason

Check List (Date Completed)
 Agresso _____
 Core _____
 Actitime _____
 Budget _____
 File Open _____

Setup Approved (Finance Office)
