Maine's Public Universities
UNIVERSITY OF MAINE SYSTEM

PROGRAM CREATE FORM

U M S 0
Business Unit

Program Number

See business process document, "Requesting a Program - Completing the Program Create Form" for guidance.

Effective Date: 0 7 / 0 1 / _ _ _ _
M M D D Y Y Y Y

Description:

Short Description:

Manager:
L A S T N A M E , F I R S T N A M E I N I T I A L

Purpose of Program:

Expense Code:

	Department	*Fund Code*	*Project*
Chart Field Combination #1:			
Chart Field Combination #2:			
Chart Field Combination #3:			

Related Program Number - Reporting:

Donor Purpose Report Code (CAE Code):

Campus Authorization: _____ **Date:** _____

Campus Authorization: _____ **Date:** _____

SYSTEM OFFICE USE ONLY

UMS_PROGRAM tree node: _____

UMS_PROGRAM_SRECNA tree node: _____

ALLOC_TI_PROGRAM program tree node: _____

ALLOC_ENDOW_INC program tree node: _____

TI_INCOME_DIST _____ ENDOW_DIST _____

YE Schedule: *Benefactor Translation:*

UMS Approval Signature: _____ **Date:** _____

UMS Approval Signature: **Date:**