

Compass Chartfield Value/SmartKey Request Form

Please submit completed form to compass@emory.edu with subject "CHARTFIELD REQUEST" or fax to 7-0157
[Use one form per Chartfield Value]

Requestor Name _____

Phone _____ Email _____

Approved by (Operating Unit CFO/Business Officer) _____

Date _____ Effective Date _____

A change is requested to the following Chartfield Value:

- | | | |
|---|-------|---|
| <input type="checkbox"/> Business Unit | _____ | Check one: <input type="checkbox"/> Create <input type="checkbox"/> Modify <input type="checkbox"/> Inactivate |
| <input type="checkbox"/> Operating Unit | _____ | |
| <input type="checkbox"/> Fund Code | _____ | |
| <input type="checkbox"/> Class Code (NACUBO code) | _____ | |
| <input type="checkbox"/> Program | _____ | |
| <input type="checkbox"/> Event | _____ | |
| <input type="checkbox"/> Project | _____ | |
| <input type="checkbox"/> Project Business Unit | _____ | |
| <input type="checkbox"/> Project Activity | _____ | |
| <input type="checkbox"/> Department ID | _____ | |
| <input type="checkbox"/> Account | _____ | |
| <input type="checkbox"/> SmartKey | _____ | |

Reason for Request (REQUIRED):

Chartfield Description:

Short Description (limited to 10 characters): _____

Long Description (limited to 30 characters): _____

If Fund, Project, Dept ID, Account or SmartKey is checked above, please continue in applicable section.

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Section I: Fund

Budget Level:

- Total department/project level (fund code ends with "1")
- Pool level (fund code ends with "2")
- Detail level (all other fund codes)

Section II: Project

Project Business Unit:

- GRANT – Sponsored Research PCEHC – EHC Capital Projects PCOTH - Other
- PCMRR – Minor Repairs & Renov. PCITH – EHC IT Projects PCGAR- General A/R
- PCUNV – Univ. Capital Projects

Project Type:

- Affiliate Entity (Agency) Capital Project Discretionary Funds Endowment
- Gifts Information Technology Projects Minor Repairs & Renovations
- Sponsored Program Strategic Plan Project Department Initiatives
- Other _____

Project Budget: Will project be budgeted at Total Project Level? Yes No

If **Yes**, any anticipated revenue? Yes No

Funding Source(s):

Total Amount of Funding: \$ _____

- Funded by Healthcare budget process
- Funded by University budget process
- Unrestricted gifts (Please list donor restrictions and attach donor documents)

Restricted gifts (Please list donor restrictions and attach donor documents)

Payment for goods or services (Explain how these relate to the exempt purpose of the University)

Sponsored Program – include award ID: _____

Internal transfer from (attach relevant documents) _____

Other _____

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Section III: Department

SetID: University Healthcare

Manager ID (EHC Only) _____ Location (EHC Only) _____

Is this Department for TEC physicians? Yes No

If **inactivating** Department – have you completed procedures for transferring employees? Yes No

If **creating** Department – will salary be charged to it? Yes No

Section IV: Account

| | | | |
|-------------------------------------|------------------------------------|---|---|
| SetID: | Account Type: | Check if: | Is this a payroll liability or expense account?: |
| <input type="checkbox"/> University | <input type="checkbox"/> Asset | <input type="checkbox"/> Control | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Healthcare | <input type="checkbox"/> Liability | <input type="checkbox"/> Budgetary Only | <input type="checkbox"/> No |
| | <input type="checkbox"/> Revenue | <input type="checkbox"/> Statistical | |
| | <input type="checkbox"/> Expense | | |

Section V: SmartKey

If **inactivating** SmartKey– have you completed procedures for transferring employees? Yes No

If **creating** or **modifying** SmartKey – will salary be charged to it? Yes No

Please provide the new chartfield values:

REQUIRED:

Business Unit _____

Operating Unit _____

Department ID _____

Fund Code _____

Class Code (NACUBO code) _____

Budget Level (to determine Fund):

Total dept /project level

Pool level

Detail level

OPTIONAL:

Program _____

Event _____

REQUIRED FOR PROJECTS:

Project Business Unit _____

Project _____

Project Activity _____