

Completed form should be sent to the Stratus Financials Team at stratusfinancialsteam@towson.edu

Program Name / Title:

Date:

Name of Requestor:

Requesting Department:

Email:

Financial Steward:

Cost Center Manager:

Purpose of the Program (attach any applicable information):

Who is your customer base?

Will this program be permanent? Yes No

If not, indicate estimated time period:

Individual Responsible for the Program:

Division / Subdivision:

BUSINESS / FINANCIAL PLAN INFORMATION

Revenue / Source

Indicate all sources of revenue:

How will revenue be collected? Cash Checks Credit Cards

Will you be billing? Yes No

Should a new SOURCE be created for this program? Yes No Use Existing Source:

Expenses

Indicate anticipated general expenses:

Payroll

Will the department have payroll?

Yes

No

Regular

Contractual

Student Help

Separation of Duties

Indicate the name and position of the staff that will be responsible for

Billing:

Collecting, preparing & depositing revenue:

Reconciling / monitoring the account:

FINANCIAL SYSTEMS & TECHNOLOGY USE ONLY

Cost Center Number Issued:

Issued By:

Date:

Source:

Hiring Cost Center:

Division:

Subdivision:

Program:

Subprogram:

Towson University Business Plan Self Support Program / Activity or Agency Applications**Revenue**

	ACCOUNT	REQUESTED BUDGET LOAD
Account Name:	Account Number:	
Account Name:	Account Number:	
Account Name:	Account Number:	
Transfers IN	499908	
Transfers OUT	499908	
1% Fund Balance Contribution	499918	
NET REVENUE		

Expense**Object 01 Salaries & Benefits**

Ex: Regular Overtime

501605

Account Name:	Account Number:	
Account Name:	Account Number:	
Account Name:	Account Number:	
Account Name:	Account Number:	

Object 02 Contingent Salary & Fringe

Ex: Student Help

501601

Account Name:	Account Number:	
Account Name:	Account Number:	
Account Name:	Account Number:	
Account Name:	Account Number:	
Account Name:	Account Number:	
Account Name:	Account Number:	

Object 03 Communications

Ex: Postage

603003

Account Name:	Account Number:	
Account Name:	Account Number:	
Account Name:	Account Number:	

Object 04-14 Operating

Ex: Housekeeping

608106

Account Name:	Account Number:	
Account Name:	Account Number:	
Account Name:	Account Number:	
Account Name:	Account Number:	
Account Name:	Account Number:	
Account Name:	Account Number:	
Account Name:	Account Number:	
Account Name:	Account Number:	
Account Name:	Account Number:	
6.5% IDC Charge	699999	
TOTAL EXPENSES		
Budgeted Profit/(Loss)		

Acknowledgement and Approval Information:

By completing and signing this self-support program/activity application, we understand that there is a need to strive to serve and enrich the TU campus and surrounding communities and to become financially self-sufficient. Self-Support programs/activities are expected to be self-funding and to generate sufficient revenue to pay all expenses. Programs and/or activities are expected to have a net surplus at the end of the fiscal period. In the event of a revenue shortfall, it is understood that the sponsoring department, college and/or division will be responsible for supplementing program revenue to cover outstanding expenses. Programs/activities not meeting financial expectations are subject to review and possible termination at the discretion of the Divisional Budget Officer. This application must be reviewed, discussed, and approved by your Department Head/Chair, Dean and your Divisional Budget Officer prior to submitting to the University Budget Office.

Signature of Requestor: _____

Signature of Department Head/Chair: _____

Signature of Dean: _____

Signature of Divisional Budget Officer: _____

Signature of University Budget Office (Add Program/Subprogram): _____