

A WBS element (Work break-down structure) is used for grants and contracts, plant funds and agency funds.

**A. Type of WBS: (check one and provide name)**

1.  Department/Office WBS  Student Organization
- Name of Department Name of Organization
2. Name of individual responsible for the WBS:
3. Where are funds currently being held? (if applicable)

**B. Description/Justification of WBS:**

**C. Source of Revenue:**

**D. Estimated annual revenue:**

**E. Type of expenditures: (check all that apply)**

- |                                    |   |
|------------------------------------|---|
| <input type="checkbox"/> Salaries  | <input type="checkbox"/> Operating Expenses         |
| <input type="checkbox"/> Supplies  | <input type="checkbox"/> Travel                     |
| <input type="checkbox"/> Equipment | <input type="checkbox"/> Other <input type="text"/> |

**F. Major Program Classification Structure (PCS) if known: (check one)**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Instruction    | <input type="checkbox"/> Academic Support             | <input type="checkbox"/> Physical Plant Operations |
| <input type="checkbox"/> Research       | <input type="checkbox"/> Student Services             | <input type="checkbox"/> Student Financial Support |
| <input type="checkbox"/> Public Service | <input type="checkbox"/> Institutional Administration | <input type="checkbox"/> Independent Operations    |

**G. Cost Share/Matching Requirement? (check one)**

- Yes  No (If Yes, what cost object will the match be recorded in?)
- 

Signatures:	Requester <input type="text"/>	Date: <input type="text"/>
	Dean or Vice Chancellor <input type="text"/>	Date: <input type="text"/>
	Sponsored Programs Director <input type="text"/>	Date: <input type="text"/>

**Please submit completed form to the Finance Office**

		Finance Office Use Only:		
<input type="text"/>	<input type="text"/>	CFDA: <input type="text"/>	Yes	No
Approved: Grant Accountant	Date	A133 Flag	<input type="checkbox"/>	<input type="checkbox"/>
WBS number	Date Created	Salary Verification	<input type="checkbox"/>	<input type="checkbox"/>
		E-Verify	<input type="checkbox"/>	<input type="checkbox"/>
Cost Share/PARS:	N/A <input type="checkbox"/>	Companion Cost Center <input type="checkbox"/>	Cost Share Table <input type="checkbox"/>	Manual <input type="checkbox"/>