



REQUEST FOR NEW DRIVER WORKTAG

(REV 06/19)

To: David Salzburg, Controller's Office
150 Gables One Tower, CG 33146
dsalzburg@miami.edu

Date:
From:
Department:
Phone:

Type of Account:

☒ PROGRAM

☐ SPENDABLE GIFT

NOTE: Grant driver worktag requests should be forwarded to the Office of Research Administration (attn.: Rita Castañeda). All endowment-related driver worktag requests should be e-mailed to the Controller's Office (attention: Ileana Nuñez). For blank forms, go to <http://www.miami.edu/controller/> and click on ACCOUNTING/FORMS.

1. Program/Project Manager: 1.
2.
Finance Reviewer:
Salary Access? ☒ Yes ☐ No
Program Reviewer:
Salary Access? ☐ Yes ☒ No

Gift Reviewer: 1.
2.
Finance Reviewer:
Salary Access? ☒ Yes ☐ No

* List any additional roles in a separate e-mail.

2. Workday Cost Center Name and Number:

3. Proposed Driver Worktag Name:

*** HOSPITALS:** if a new Legacy Value is also required for mapping to this driver, please indicate appropriate account i.d. (for example, L307029 = the letter L for Lawson, followed by 2-digit hospital number and 4-digit Lawson Cost Center).

4. Purpose:

Describe the intended use of this driver worktag (please be specific).
Include source(s) of funds and whether received or anticipated
[specify restrictions to gifts (faculty support, etc.)].

REQUIRED SIGNATURES:

Cost Center Manager:

Name:
Signature: _____

Title:
Date:

Budget Director/Finance Officer:

Name:
Signature: _____

Title:
Date:

Dean/Dept. Chairman

Name:
Signature: _____

Title:
Date:

Med Finance approval (if Medical-related):

Name:
Signature: _____

Title:
Date:

This request must be submitted with the following supporting documentation as appropriate: copies of checks, donor letters, relevant correspondence and/or budget approval. **Failure to include back-up will delay driver worktag set up.**

For Controller's

Office Use Only Fund: 10 20 21 30 35 40 41 50

Hierarchy: _____

PG/PR/BG _____ Title: _____

[R V U] or [Non - R V U] Generating? Company _____ Location _____

Financial Class _____ Region _____

University Controller: _____ Date: _____