# CSN WORKTAG REQUEST FORM

PLEASE EMAIL COMPLETED FORM WITH SUPPORTING DOCUMENTATION TO CONTROLLERS.OFFICE@CSN.EDU
OR PRINT AND MAIL TO CONTROLLER'S OFFICE, NLV F110. QUESTIONS CALL (702) 651-4875.

(Please Type or Print)

**1. Purpose of Worktag:** (Please provide a brief description of why this worktag is needed.)

**2. Source of Revenues:** (mark one)

| | | Budget Office Use Only |
|---|---|---|
| ( ) | **Tuition & Fees** | |
| ( ) | **Gifts/Donations** (expenditures can not exceed revenues) | |
| ( ) | **Discretionary Funds -** Worktag ( if applicable) | |
| ( ) | **Capital Improvement Fees**    Date to Board of Regents | |
| ( ) | **General Improvement Fees** (must benefit students) | |
| ( ) | **Student Government**    Seed Money $ | |
| ( ) | **Grant** - Granting Agency | |
| ( ) | **Other** - Source | |

**3. Annual Budget - Expenditures:** (check all that apply)    **FTE**

| | | |
|---|---|---|
| ( ) | **Letters of Appointment** | $ |
| ( ) | **Professional Salaries** | $ |
| ( ) | **Classified Salaries** | $ |
| ( ) | **Wages** | $ |
| ( ) | **Fringe Benefits** | $ |
| ( ) | **Travel** | $ |
| ( ) | **General Operations** | $ |
| ( ) | **Scholarships** | $ |
| ( ) | **Other** | $ |
| | **TOTAL** | $ |

**4. Worktag Information:**

**Owner** (can only view financial information):

If known, please provide:
Unit #:

**Manager** (can approve expenditures and view financial information):

Cost Center #:

**For Projects Only:**
**Start Date:**      **Estimated Completion Date:**

**5. CSN President or Vice President (sign):**

| Controller's Office Use Only | |
|---|---|
| **Worktag Name:** | **Activation Date:** |
| **FY** _____    **Type of Worktag:** ( ) Program ( ) Project ( ) Gift ( ) Grant | **Fund** _____ |
| **Project Group:** ( ) Improvement ( ) New Construction ( ) Non-Capital ( ) Equip. Fabrication | **Function** _____ |
| **Gift - Allowable Spend:** ( ) Scholarship ( ) Hosting ( ) Salary ( ) Travel | **Worktag** _____ |
| **PeopleSoft:**    ( ) No    ( ) Yes-Notification Date _____ | |
| **Reviewed by CSN Controller (sign):** | **Date:** |

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