|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Request Type** | | Choose an item. | | **If Request Type is Change or Inactivate, enter existing Cost Center No.** | | | | | |  |
| **Cost Center Data** | | | | | | | | | | |
| Type: | | | OPERATING | | | | | | | |
| Name: | | |  | | | | | | | |
| Description: | | |  | | | | | | | |
| Business Area: | | |  | | | | | | | |
| Appropriated Program: | | |  | | | | | | | |
| Program Activity: | | |  | | | | | | | |
| District/Section/Unit: | | |  | | | | | | | |
| Address: | | |  | | | | | | | |
| City: | | |  | | State: | |  | Zip Code: | |  |
| Person Responsible: | | |  | | | | | | | |
| Position Responsible: | | |  | | | | | | | |
| Justification for Cost Center: | | |  | | | | | | | |
| **Requested by** | | | | | | | | | | |
| Name: |  | | | | | Telephone: | | |  | |
| Email: |  | | | | | Date: | | |  | |
| **Approved by** | | | | | | | | | | |
| Name: |  | | | | | Telephone: | | |  | |
| Email: |  | | | | | Date: | | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Signature: |  |  |  |

*\*Signature is not required if form is emailed from the authorized approver.*

|  |  |  |
| --- | --- | --- |
| **Return Approved** | | DOA-OSRAP-ORGN@la.gov |
|  |  | |
| **Questions:** | | Call: 225.342.1097 |

|  |  |
| --- | --- |
| REQUEST TYPE | **New Cost Center** – Select when adding a **new** Operating Cost Center that does not exist in SAP.  **Change Cost Center** – Select when changing an **existing** Operating Cost Center in SAP.  **Inactivate Cost Center –** Select when inactivating an **existing** Operating Cost Center inSAP. |
| IF REQUEST TYPE IS CHANGE OR INACTIVATE | Field length (10). Alpha/numeric. Enter the existing Operating Cost Center that needs to be changed or inactivated. |
| COST CENTER TYPE | Defaults to OPERATING. |
| COST CENTER NAME | Field length (20). Alpha/numeric. Enter the Cost Center name. |
| COST CENTER DESCRIPTION | Field length (40). Alpha/numeric. Enter the Cost Center description. |
| BUSINESS AREA | Field length (3). Numeric. Enter the Business Area. |
| APPROPRIATED PROGRAM | Field length (3). Alpha/numeric. Enter the Appropriated Program number. |
| PROGRAM ACTIVITY | Field length (2). Alpha/numeric. Enter the appropriate Program Activity number. |
| DISTRICT/SECTION/UNIT | Field length (4). Alpha/numeric. Enter the appropriate district, section, or unit designation. |
| ADDRESS/CITY/STATE/ ZIP CODE | Enter the appropriate street address, city, state, and zip code for the requested Cost Center. |
| PERSON RESPONSIBLE | Enter the title of the position that is responsible for the requested Cost Center. |
| POSITION RESPONSIBLE | Field length (8). Enter the numeric position number that is responsible for approval of SRM Shopping Carts for the requested Cost Center. |
| JUSTIFICATION FOR COST CENTER | Enter a brief explanation describing your need for the requested Cost Center. |
| REQUESTED BY | Enter the name, telephone number, and email address of the person preparing this form; enter the date the form is being prepared. |
| APPROVED BY | Enter the name, telephone number, and email address of the person approving this form; enter the date the form is being approved. |
| RETURN | Return approver signed forms via email OSRAP. Signature is not required if form is emailed directly from the authorized approver. |

**OPERATING COST CENTER MASTER RECORD REQUEST INSTRUCTIONS**