



## Application To Open New Activity Centre Form

### Application Details

Ledger Name GL

Cost Centre Code (e.g. WG)

Activity Centre Code (e.g. C02)

Name of Activity Centre

Short Name

Principal Investigator (**OPTIONAL**)\*

*\*Relates to Academic Depts only –  
enter first and last name of PI*

Application Date

Originators Name

Originators Telephone No.

Originators email address

Originators Signature

Cost Centre Head Name

Cost Centre Head Telephone No.

Cost Centre Head email address

Cost Centre Head Signature

### FSD Authorisation

Authorised by: (Financial Accountant)		Date
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### FSD – DMU Office Use Only

Date Application Received	Date Application Processed	Date Applicant Advised
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**Upon Completion of this form, the signed form needs to be returned to the Financial Accountant, Financial Services Division.**

**Or Scan the completed and signed form and email to: [financial.accountant@otago.ac.nz](mailto:financial.accountant@otago.ac.nz)**