



New Activity

ROUTING
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Note: A New Activity number and a New Index will be created with this form.

SECTION 1: REQUESTOR INFORMATION

Date (mm/dd/yyyy): _____ Requestor Name: _____ E-mail Address: _____

Phone: _____ Department: _____ Campus Box: _____

SECTION 2: REQUEST DETAILS

1. Title: (Description - 35 characters) _____

2. Effective Date: (mm/dd/yyyy) _____

3. Purpose of new activity:

| 4. Associated: | | | |
|----------------|-------|----------------|-------|
| Fund #: | _____ | Fund Name #: | _____ |
| Org #: | _____ | Org Name #: | _____ |
| Program #: | _____ | Program Name: | _____ |
| Location #: | _____ | Location Name: | _____ |

SECTION 3: APPROVAL

Printed Name: _____ Signature: _____ Date: _____

Principal Investigator Dean / VP / CC President Designee

SECTION 4: OFFICIAL APPROVAL

Fiscal Monitor

Printed Name: _____ Signature: _____ Date: _____

Reviewed By

Printed Name: _____ Signature: _____ Date: _____

SECTION 5: INTERNAL DEPARTMENT USE ONLY

Activity Number: _____ Index Number: _____

Fiscal Monitor: _____ Date: _____

Processed by: _____ Date: _____

Reset