



MARYMOUNT
UNIVERSITY

COST CENTER REQUEST FORM

Requester:
Date:
Department:
Phone:
Email:

Cost Center

Add Change Remove

Purpose of Cost Center Request:

Department:

Suggested Cost Center Name:

Department of the University:
(for E.G Financial Services, Schools, Athletics etc..)

Role Assignment

Employee Name:

Manager Approver View Only

Submit Completed Form To: finance@marymount.edu

New Cost Center Number (For Completion Only by Accounting Unit)
Click or tap here to enter text.

Learn
with purpose

2807 North Glebe Road Arlington, VA 22207

www.marymount.edu