

**Department of Health and Hospitals
Office of Management and Finance
Financial Management**

Reporting Category Request Form

Date of Request:

Agency Name and Number:

Reporting Category Name:

Major Program Area:

Responsible Program Manager:

Responsible Program Manager's Organization:

Name and Phone Number of Person Providing This Information:

A. Amount and Source of Funding for this new Reporting Category:
(If funding is a new federal grant, attach a copy of the grant award.)

B. Overall description of this new Reporting Category:

C. Listing of expenditures that can be coded to this Reporting Category. If there are certain Object Code categories that CANNOT be charged to this Reporting Category, identify below.

D. Other Pertinent Comments:

For Use by Financial Management Only:

Reporting Category # _____

Date Received: _____

Date Completed: _____

Completed by: _____

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