

University of Kansas Medical Center

INSTRUCTIONS FOR COMPLETING RESTRICTED FEE ACCOUNT APPLICATIONS

- A. Application Date: Date you wish to have the restricted fee account established, revised or closed. Please note, only items A, B, D and G must be completed to close a restricted fee account.

Restricted Fee Number: Type current number for applications to revise or close an account. Control and Reporting will assign a new number for applications to establish an account. The account structure is 7DDDXX where:

DDD is your three-digit department number in the KUMC budget system
XX is random number between 30 and 59

- B. Indicate type of application.
- C. The restricted fee fund number is 2551 and the index code is 2600. The Program Cost Account (PCA) is an indicator to designated set of related operations that follows a planned course of action to achieve a specified purpose and set of objectives. Programs are used to classify agency services and provide a basic framework for resource allocation decisions. Control and Reporting will assign the PCA based on the KUMC budget system.
- D. Long and short titles must be provided that are indicative of the activity of the account. The short title must be no longer than 20 characters and the long title must be no longer than 50 characters. These titles will be used in the KUMC Financial Accounting System (FAS).
- E. Responsible Department: The department name, as listed in the KUMC budget documents, is responsible for the activity of this restricted fee account.
- Responsible Party: The name of the KUMC employee in the department who is responsible for this account.
- Responsible Party Address and Telephone: The KUMC address and telephone number of the responsible party.
- F. Other individuals in your department, employed by KUMC, authorized to approve expenditures of the restricted fee account.
- G. State the reason(s) for establishing, revising or closing the restricted fee account. Please see Restricted Fee General Guidelines for further information.
- H. An estimate of how much revenue you anticipate the activity of the restricted fee account will generate annually.
- I. Indicate if you intend to bill other KUMC departments, or affiliated organizations (outside billing) for your services and products through the Interdepartmental Billing (IDB) System.
- J. Itemize the specific products/services your department will be providing and the corresponding charge for each product/service. Please attach additional pages if you will be providing more than eight products/services under this restricted fee account. Please note a current published schedule of charges may be attached in lieu of completing this section of the application. Please see Restricted Fee General Guidelines for further information.

