

**University of Southern California
Financial Administration and Performance
OBJECT CODE PROCESSING FORM [Form F]**

Requested by:	Date:
Department:	Phone:

Senior Business Officer Approval: _____
Return to: Financial Administration and Performance, UGB 203, MC 8003, 213 821-1900

1) Object Code Number:	
2) Object Code Name:	
3) Object Description:	
4) Asset <input type="checkbox"/> Expense <input type="checkbox"/> Fund Balance <input type="checkbox"/> Liability <input type="checkbox"/> Revenue <input type="checkbox"/>	
5) Budget Control Group:	6) Cost Category:
7) Object Class:	8) Status:
9) Include in Budget: Yes <input type="checkbox"/> No <input type="checkbox"/>	
10) Usage Description:	

Payroll Items:

11) Percent of Time	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12) Annual FTE Base	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13) Faculty FTE Base	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14) Administrative Supplement	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15) Private Practice	Yes <input type="checkbox"/>	No <input type="checkbox"/>
16) Other Pay	Yes <input type="checkbox"/>	No <input type="checkbox"/>
17) Benefits Base	Yes <input type="checkbox"/>	No <input type="checkbox"/>
18) Include in Fringe	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Office Use Only - FAP

Approval:	Input By	Input Date:
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